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(Red	questor's Name)	
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DIVISION OF CARP GLATION

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COVER LETTER

TO		gistration Sec vision of Corp			
ei ei	id ivet.	Zemota, LL			
SU	BJECT:	 		ted Liability Company	
			mendment and fee(s) are subm	<u>-</u>	
ru	ease retti	n an correspon	dence concerning this matter t Andris Ezerins	o the following.	
				Name of Person	
			Zemota, LLC		
				Firm/Company	
			1925 NE 10th Terrace, U	nit 101	
				Address	
			Cape Coral, FL 33909		
				City/State and Zip Code	
			aezerins@zemota.com	o be used for future annual report notifica	ation)
Fo	r further i	information co	ncerning this matter, please ca	·	
Jil	l Corcora	an		239 699-3259	
		Name of	Person	at () Area Code Daytime T	elephone Number
En	closed is	a check for the	e following amount;		
	\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zemota, LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on June 2:	2, 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	ಪ 💥 Д
		9- 10r
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		3x
		<u> </u>
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si	reet address
	E	, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = . Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Andris V Ezerins	1925 NE 10th Terrace	B Add
		Unit 101	
		Cape Coral, FL 33909	
MGR Jill M Co	Jill M Corcoran	1925 NE 10th Terrace	
		Unit 101	
		Cape Coral, FL 33909	Change
			Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			Add
			□ Remove
			Remove
			Change

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			2.8
			
E. Eff	ective date, if other than the da	te of filing:	optional)
No	te: If the date inserted in this block	specific and cannot be prior to date of filing or more than 90 day does not meet the applicable statutory filing requirement	s after fitting.) Pursuant to 605.020 s, this date will not be listed a
doc	cument's effective date on the Depa	rtment of State's records.	
·	1	ffective data has been an offentive time at 12	01 am on the carlier of
If the	record specifies a delayed e The 90th day after the record	ffective date, but not an effective time, at 12: 1 is filed.	or a.m. on the earner c
	/	0040	
Da	ted June 30	2018	
	///		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00