L18000178728

(Re	questor's Name)	
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(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
ſBu	isiness Entity Name)	
(50	2,,	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	





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PILED 2019 JUL 31 PM 2: 10 SECRETARY OF STATE



COVER LETTER

TO:	Registration S Division of Co			
outo m		LAND ZOO PARTNERS LLO	2	
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	rlosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		ARVIND NANDU		
		JUNGLELAND ZOO PAI	Name of Person	
		JONGINEAN ZOOTAI	ATALKS EDG	
		11007 KENTMERE COU	Firm/Company RT	
		WINDERMERE, FL 3478	Address 6	
		 	City/State and Zip Code	
		E-mail address: (to be used for future annual report notit	ication)
For furt	her information o	concerning this matter, please ca	all:	
ARVIN	D NANDU		at ()	
	Name o	of Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for t	he following amount:		
≘ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 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

JUNGLELAND ZOO PARTNERS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on JULY25, 2018	and assigned
Torida document number 1.18000178728		
his amendment is submitted to amend the following:		
a. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	
Enter new principal offices address, if applicable:		ECH TALL
Principal office address MUST BE A STREET ADDRESS)	-	
		SE P
nter new mailing address, if applicable:		? O
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	NANDU, ARVIND	11007 KENTMERE COURT	
		WINDERMERE, FL 34786	
		WINDERWIERE, FL 34780	■ Remove
			Channe
MGRM	BENZER ADVENTURE GOLF LLC	1107 KENTMERE COURT	
		WINDERMERE, FL 34786	
			☐ Remove
			☐ Change
		 	🗖 Add
			□ Remove
			☐ Change
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reffectiv <u>te:</u> If t	date, if other t ve date is listed, the the date inserted 's effective date	adate must be spe in this block do	eific and cannot es not meet th	t be prior to d e applicable	ate of filing or	more than 90 dang requiremen	ys after filing.) F	ursuant to 605,020 Ill not be listed a
	d specifies a Oth day after			but not a	n effective	time, at 12	2:01 a.m. or	the earlier o
Jt ted	JLY 28		201	9				
		Λ	infolono)				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00