L19000206512

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000183844 3)))

H19000183844 3ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mdfearon7777@gmail.com

FILED
19 JUN 12 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ZCF EQUITY FUND LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

Electronic Filing Menu Corporate Filing Menu Help

SIMMONS

JUN 13 2019

Fax Audit # H19000188443

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ZCF Equity Fund LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/29/2018 and assigned Florida document number L18000206512

This amendment is submitted to amend the following:

FILED
19 JUN 12 AM 10:03

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, 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

Fax Audit #119009838443

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Michael Fearon	8321 Sands Point Blvd. Apt D 210	☐ Add
		Tamarac, FL 33321	☒ Remove
AMBR	James Angus	8321 Sands Point Blvd. Apt D 210	☐ Add
		Tamarac, FL 33321	☒ Remove
AMBR	Desmond Fearon	8818 Dee Road	☒ Add
		Desplaines, Illinois 60016	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

Fax Audit #: H19000188443

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605 0207 (3)(b)

Dated June 6, 2019

Signature of a member or authorized representative of a member

Kelvin Eubanks, Member

Typed or printed name of signee

Page 3 of 3

Filing Fee: $25.00

FILED
19 JUN 12 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA