

From: Ana Perdomo
10/24/2018

To: (305) 670-1991 Fax: (850) 617-6383 Page 2 of 5
Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
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Account Number : I20080000090
Phone : (305)670-1991
Fax Number : (305)670-1993

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ZEUS LATAN LLC

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10/25/18 DS

From: Ana Perdomo

Fax: (305) 670-1991

To:

Fax: (850) 617-8383

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FAX

FROM

Ana Perdomo

Phone (305) 670-1991 * 109
Fax Number (786) 347-9009

DATE 10/24/2018

NOTE

Amendment

TO

FL Dept of State
Zeus Latan LLC

Phone
Fax Number +18506176383

10/24/2018 1:13 PM

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ZEUS LATAN 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 08/31/2018 and assigned Florida document number L18000209248

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	GUEVARA ROA, SANDRA M	9130 S DADELAND BLVD	<input checked="" type="checkbox"/> Add
		SUITE 1509	<input type="checkbox"/> Remove
		MIAMI, FL 33156	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated OCTOBER 24 2018

Signature of a member or authorized representative of a member

ZABALA, NINOSKA