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COVER LETTER

	istration Sec ision of Corp				
SUBJECT:	ZACAIMPR	OPERTIES, LLC			
SUBJECT		Name of Limi	ted Liability Company	-	
		amendment and fee(s) are subsidence concerning this matter	-		
		BRUCE J. SPERRY			
			Name of Person		
SPERRY LAW FIRM					
	Firm/Company				
1607 S. ALEXANDER STREET, SUITE 101					
			Address		201
		PLANT CITY, FLORIDA 33563			TILE I
		City/State and Zip Code			23 [
		antiquestlorida@hotmail.com E-mail address: (to be used for future annual report notification)			m e
For further i	nformation co	oncerning this matter, please co	·	·,	- 1.00m
BRUCE J. S	SPERRY		813 754-3030 at ()		प्राप्तुः 🔊
	Name of	Person		Telephone Number	
Enclosed is	a check for the	e following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

MAILING ADDRESS:

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

ZACAIMPROPERTIES, LLC		
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on NOVEMBER 1, 2018	and assigned
Florida document number L18000256755		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
ZACAIM PROPERTIES , LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		7 2
		AN 2
Enter new mailing address, if applicable:		SS 3
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
Municipal designation of the second of the s		84 - C
		ිදුනි ජා විතු ජා
 If amending the registered agent and/or registered or registered agent and/or the new registered office address her 		er the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	enier rioriaa sireei aaaress	
	, Florida	
	City	Zip Code

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

'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 eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

11 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>	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Q Add
			23 Chan
			G Changer
			□ Remove
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ffective date if other than the date	NOVEMBER 1, 201		nnal)	
ffective date, if other than the date an effective date is listed, the date must be splote: If the date inserted in this block document's effective date on the Department.	oes not meet the applicable statt	filing or more than 90 days after atory filing requirements, this	filing.) Pursuant to date will not be	605.0207 listed as
e record specifies a delayed effo The 90th day after the record i	ective date, but not an eff s filed.	fective time, at 12:01 a	.m. on the e	arlier of
JANUARY 16	2019			
Pated				

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Filing Fee: \$25.00