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## **COVER LETTER**

TO: Registration Sc Division of Cor				
SUBJECT:	ZinnLaw	LLC.	<u>.</u>	
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Bri	an D. Zinn		
		Name of Person		
		Firm Company		
	1342 Co	olonial Blvd. K-2	130	
	Fort Myer	FL 33907		. <b>~3</b>
	brian E-mail address: (	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  To be used for future annual report notificall:  at (239)  Area Code  Daytime	leation)	OIS JAN
For further information of	concerning this matter, please c	اله:		22
Brian D.	Zinn	at( <u>139</u> )_418-	-1529	9
Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for the				
S25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	e of Status &

## MAILING ADDRESS:

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

Zinn	, Law LLC		
(Name of the Limited Liab (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number <u>£ 18000</u> 28373	Company were filed on 12/10/18	and assi	gned
This amendment is submitted to amend the following:	:		
A. If amending name, <u>enter the new name of the li</u>	<del>-</del>		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the a	ibbreviation "L.]	L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADd	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office action of New Registered Agent:  New Registered Office Address:	ddress here:  Enter Fiorida street address	the name	of the new
<del>-</del>	, Florida	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:

or removed	1 Hom our records.
•	
MGR = R	vlanager
AMBR = 1	Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
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			Remove Remove
			Remove Remove Que
			□ Add
			☐ Remove
		<del></del>	□ Change
			Add
			☐ Remove
			☐ Change

	Law firm - needs to be a PLLC	
_	Law firm - needs to be a PLLC, not an LLC.	
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Note:	ve date, if other than the date of filing:	605,020 listed as
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea 90th day after the record is filed.	rlier o
Dated	Jan. 18 2019	
-		

Page 3 of 3

Filing Fee: \$25.00