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COVER LETTER

TO:						
CF:D II						
SUBJE		Name of Lin	nited Liability Company			
The enc	losed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please r	eturn all correspo	ondence concerning this matter	to the following:			
		Ross Zalkind, Esq.				
		Rosenfield & Zalkind, P.L	Name of Person			
		Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. arn all correspondence concerning this matter to the following: Ross Zalkind, Esq. Name of Person Rosenfield & Zalkind, P.L. Firm/Company 2323 Hollywood Bivd Address Hollywood, FL 33020 City/State and Zip Code rzalkind@globalamericatitle.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call:				
		Hollywood, FL 33020	Address	-		
		E-mail address: (to be used for future annual report noti	fication)		
For furth	ier information c	concerning this matter, please co	all:			
Ross Za	lkind					
	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed	f is a check for th	he following amount:				
■ \$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		

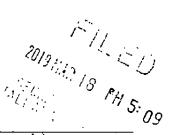
MAILING ADDRESS:

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



DANIA 23 SE 12 ST 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 Liabil	ity Company were filed on	2/11/2019	and assigned
Florida document number L19000041807			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company	here:	
Zorg Holding DB, LLC			
The new name must be distinguishable and contain the words	"Limited Liability Company," th	e designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	: 		
(Principal office address MUST BE A STREET A	DDRESS)		
	<u>. </u>		-
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	<u></u>		
B. If amending the registered agent and/or i	registered office address	on our records, enter t	he name of the nev
registered agent and/or the new registered office	address here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
_		, Florida	nter the name of the ne
	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

MGR = A $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ne rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of
	March /4 2019	
	· /	
	12 L SCP	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00