## 119000101943

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Amend Cur.

MAY 23 2019 LALBRITTON

## **COVER LETTER**

TO: Registration of Division of	n Section Corporations	
SUBJECT:	PANCHLU BULLER, UC Name of Limited Liability Company	
The enclosed Article	s of Amendment and fee(s) are submitted for filing.	
Please return all cor	espondence concerning this matter to the following:	
	Julio A. Morales  Name of Person	
	ZADCHIN BULLDERS, LLC Firm/Company	
	2907 (FEWARA CT. #256	
	AVENTURA, FL 33180 City/State and Zip Code	
	City/State and Zip Code  JUSTINE HOPALES COULT. COM  E-mail address: (to be used for future annual report notification)	
For further informat	on concerning this matter, please call:	
Julio L	locales at (305) 790-7496  me of Person Area Code Daytime Telephone Number	_
Enclosed is a check	for the following amount:	
□ \$25,00 Filing F	e ES \$30.00 Filing Fee & S\$5.00 Filing Fee & S60.00 Filing 1 Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Status & y

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

ZANGHIN BULLERS, UC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
A stand it to the letter of th

The Articles of Organization for this Limited Liability Company v	vere filed on 🚣	PRIL 12,2019	and assigned
Florida document number <u>L19000101943</u> .		,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company be	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company." the de	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			2613
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, enter	the name of the n
Name of New Registered Agent:	<del></del>	<del></del>	
New Registered Office Address:	Enter Flor	ida street address	
		Florida	The Confe
New Registered Agent's Signature, if changing Registered Agent:	City		г.р Соас

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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Title AUBR	Julio A. Morelles	20907 LEENLARD CT. #3 AVENTURA, FL 33180	256 BAdd
		AVECTURA, FL 33180	□ Remove
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E Come	ve date, if other than the date of filing: (optional)
(If an eff	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ent's effective date on the Department of State's records.
(AV-CHIII)	
he red	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	90th day after the record is filed.
Dated	day 10 2019
	Signature of a member or authorized representative of a member
	aignature of a member organizative of a member
	Julio A. Noestes

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00