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COVER LETTER

TO:	Registration Se Division of Cor					
	ZODIK PR	ROPERTY MANAGEMENT I	J.C			
SUBJ	ECT:					
		Name of Lim	ited Liability Company			
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		LUCAS PINHERO AZAI	RO			
			Name of Person			
		ZODIK PROPERTY MA	NAGEMENT LLC			
			Firm/Company			
		1650 SAND LAKE RD, S	STE 233			
			Address			
		ORLANDO, FL 32809				
			City/State and Zip Code			
		info@tbhg.biz				
		E-mail address: (to be used for future annual report noti	fication)		
For fu	rther information co	oncerning this matter, please ca	all:			
LUC.	AS PINHERO AZA	ARO	347 580-0878			
			at ()			÷
	Name of	f Person	Area Code Daytim	e Telephone Number		
Enclos	sed is a check for th	ne following amount:			(2) (2)	
≡ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	٠.,٠	27 THE SECTION OF THE

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

ZODIK PROPERTY MANAGEMENT LLC

ARTICLES OF A		
ARTICLES OF OR		
OF		7
ZODIK PROPERTY MANAGEMENT LLC		7. 9. E.
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on JULY 30, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the a	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 registered agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
<u>-</u>	Enter Florida street address	
	, Florida	
	City	Zip Code
Now Degistered Agent's Signature if shanging Degistered 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>	Address	Type of Action
MGR M	CARLOS TAVARE SILVA	1650 Sand Lake Rd, Ste 233 Orlando, FL 32809	
			Remove
			☐ Change
AMBR	ORN ENTERTAINMENTS LLC	984 Keaton Parkway, Ococe, FL 34761	■ Add
			☐ Remove
			Change
AMBR	EB INTERLAGOS LLC	4464 Salvia Dr, Orlando, FL 32839	⊟ Add
			Remove
		☐ Change	
		-	
			☐ Remove
			□ Change
			bbA ⊡
			□ Remove
			□ Change
			□ Add
			☐ Remove
			Change

D. If amend	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
<u> </u>	
	· · · · · · · · · · · · · · · · · · ·
	October 18, 2019
(If an effectiv <u>Note:</u> If the	te, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
	ber 18 2019
Dated	Lucos P Rzano
	Signature of a member or authorized representative of a member
	UCAS PINHERO AZARO Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00