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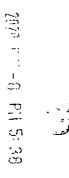
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PICK-UP WAIT MAIL	
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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
ZGL IMPO			
SUBJECT:	Name of Lin	ited Liability Company	
The englaced Articles of	Amendment and fee(s) are sub	spitted for filing	
		_	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSE CARLOS ZAPATA		
		Name of Person	
		Firm/Company	
	9499 COLLINS AVE #40	7	
		Address	
	SURFSIDE/FL 33154		
		City/State and Ztp Code	
	JC.ZGLIMPORTS@GMAI	IL.COM to be used for future annual report no	rification
For further information c	oncerning this matter, please c		incationy
JOSE CARLOS ZAPAT	A	786 720-9935	
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Ul \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S Division of C	Section	<u>Street Address:</u> Registration So Division of Co	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassee, I	rL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZGL IMPORTS, 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 I Florida document number $\frac{1.20000141387}{1.20000141387}$		were filed on MAY 2	26th, 2020 and assigned
This amendment is submitted to amend the fol			
A. If amending name, enter the new name of	of the limited liabi	lity company here:	
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	eable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX		
B. If amending the registered agent and/or agent and/or the new registered office address and/or the new Registered Agent:			ds, enter the name of the new registered
New Registered Office Address:	9499 COLLINS		
	SURFSIDE	Enter Florida s	
		City	, Florida 33154 Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registery being filed to merely reflect a change in the company has been notified in writing of this	per and complete p istered agent as po registered office of change.	performance of my rovided for in Chapaddress, I hereby co	duties, and I am familiar with and oter 605, F.S. Or, if this document is onfirm that the limited liability

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
AMBR	KAREN Z GOMEZ LETURIA	9499 COLLINS AVE #407	\equiv A dd
		SURFSIDE, FL 33154	□Remove
			□Change
AMBR	JOSE CARLOS ZAPATA	9499 COLLINS AVE #407	€Add
		SURFSIDE, FL 33154	□Remove
MGR	JOSE CARLOS ZAPATA	9499 COLLINS AVE #407	□Add
		SURFSIDE, FL 33154	≅ Remove
			© Change
			
		***************************************	□Remove
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			□ Change
			□Add
			TRemove
			□Change

Page 2 of 3

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