12/30/2020

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GEOFFREY M. WAYNE, P.A.

Account Number : 076770003401 Phone : (305)381-8108 Fax Number : (305)381-8109

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LA2@ATTORNEYMIAMI.COM

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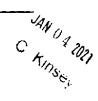
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 10485 ZK INVESTMENT LLC

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COVER LETTER

TO:	Registration Se Division of Cor			
CURIE		- 10485 ZK 1	INVESTMENT LLC	
SUBJE	:CI:	Name of Limi	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are subi	mitted for filing.	
Please r	return all correspo	ndence concerning this matter	to the following:	
		Cindy E Calderon		
			Name of Person	
		Geoffrey M. Wayne, P.A.		
			Firm/Соправу	
		135 San Lorenzo Avenue,	PH 840	
			Address	
		Coral Gables, FL 33146		
			City/State and Zip Code	
		la2@abogadomiami.com	to be used for future annual report no	
For fur	ther information o	e-mail address: (ATTERNOT
Cindy	E Calderon		305 3818108 at ()	
	Name o	f Person	Area Code Dayti	me Telepisone Number
Enclos	ed is a check for t	he following amount:		
≡ \$2 .	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
	Mailing Addre		Street Address: Registration S	
	Division of C	Corporations	Division of C	orporations
	P.O. Box 632 Tallahassee,	= :	The Centre of 2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10485 ZK INVESTMENT LLC		
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records ability Company)	<u>" </u>
The Articles of Organization for this Limited Liability Company we Florida document number L20000294241	vere filed on September 18, 202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2020 TI
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		AFASSE
(Mailing address MAY BE A POST OFFICE BOX)		
MALIAR BUILTEN MAT BE A FUST VITTUE BUNI		
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here: Name of New Registered Agent:	idress on our records, <u>enter</u>	the name of the new registered
New Registered Office Address:	Emer Flortda street addres	<u> </u>
		orida
	Cliy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a rovided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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>	Name	Address	Type of Action
AMBR	Klara Angelina Senior Pappe	5429 NW 113TH CT DORAL, FL 33178	□Add
			■Remove
			☐ Change
AMBR	ZENZSUAL LLC	1264 BAYVIEW CIR WESTON, FL 33326	S Add
			□Remove
			□Change
.			□Add
			Remove
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omio	nt's effective date on	the Department	of State's reco	orde,			
	and the second s	ene. Note to about the so		eren. is 1941	أنشند عباه منذ عديد	and one or the body	Á65, 8Å t
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Filling Fee: \$25.00