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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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| | egistration Secti ivision of Corpo | | | | |
|------------------|---------------------------------------|---|---|---|----------------|
| cup is ca | ZTD LENDE | R, LLC | | | |
| SUBJEC1 | · | Name of Limi | ited Liability Company | | |
| The enclos | ed Articles of Ar | mendment and fee(s) are sub- | mitted for filing. | | |
| Please retu | rn all correspond | lence concerning this matter | to the following: | | |
| | | THOMAS A ZARIKIAN | | | |
| | | zarden Ho | Name of Person | | |
| | | 4299 NW 36TH STREET, | SUITE I Address | | |
| | | MIAMI SPRINGS, FL 331 | 66 | | |
| | | TZARIKIAN@EBHOTELS | | · | |
| For further | information con | E-mail address: () seerning this matter, please co | to be used for future annual report notifull: | ication) | 21 STP |
| THOMAS | a. zarikian | • | 646 4152643 | | 27 |
| | Name of P | Person | at () Area Code Daytime | Telephone Number | SEP 27 AM 5:07 |
| Enclosed i | s a check for the | following amount: | | | 7 |
| ≅ \$25.00 |) Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Stat Certified Copy (additional copy is enc | us & |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 2, 2021

THOMAS A ZARIKIAN 4299 N.W. 36TH STREET SUITE 1 MIAMI SPRINGS, FL 33166

SUBJECT: ZTD LENDER, LLC Ref. Number: L21000078024

We have received your document for ZTD LENDER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to file an amendment, please select the type of action for all officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 721A00021211

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ZTD LENDER, LLC | | | |
|--|--|-----------------------------------|----------------|
| (Name of the Limi | ted Liability Company as it now appears (A Florida Limited Liability Company) | on our records.) | |
| The Articles of Organization for this Limited L | | | nd assigned |
| Florida document number 1.21000078024 | | | |
| Horida document number | | | |
| This amendment is submitted to amend the foll | owing: | | |
| A. If amending name, enter the new name o | f the limited liability company her | <u>·e</u> : | |
| The new name must be distinguishable and contain the v | words "Limited Liability Company," the de | signation "LLC" or the abbrevia | tion "L.I. C." |
| Enter new principal offices address, if applic | eable: | | |
| Principal office address MUST BE A STREI | ET ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | | | |
| | | | |
| B. If amending the registered agent and/or | registered office address on our re | cords, enter the name <u>of t</u> | he newyregiste |
| agent and/or the new registered office addre | ess here: | - | T STP |
| Name of New Registered Agent: | THOMAS A ZARIKIAN | | 27 GR |
| New Registered Office Address: | 4299 NW 36TH STREET, SUITE | | # 30 |
| | Enter Flori | da street address | 2 |
| | MIAMI SPRINGS | , Florida 33166 | 5:07 |
| | City | Zi, | n 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

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 | THOMAS A ZARIKIAN | 4299 NW 36TH STREET, SUITE I | . ₩ Add |
| | | MIAMI SPRINGS, FL 33166 | □Remove |
| | | | Change |
| MGR | EDUARDO ZARIKIAN | 5130 NW 24TH WAY | @ Add |
| | | BOCA RATON, FL 33496 | Remove |
| | | | ☐ Change |
| MGR | MARCO E ZARIKIAN | 4299 NW 36TH STREET, SUITE I | ■ Add |
| | | MIAMI SPRINGS. FL 33166 | □Remove |
| | | | □Change |
| MGR | AGZAR, LLC | 4299 NW 36TH STREET, SUITE I | 27 ± 27 ± 27 ± 27 ± 27 ± 27 ± 27 ± 27 ± |
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Filing Fee: \$25.00