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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: ZAKK GROUP LLC Name of Limited L	iability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the	following:		
Sandra Hallmann Rumerc Name of Person			
Firm/Company			
AA hey west CT.			
Address	_	2023 5 TV	
Weston - Florida - 33326 City/State and Zip Code	<u></u>	023 NOV 14	American Commission Co
Sandra. KZ@ notmar. Com E-mail address: (to be used for future annual report notifi	cation)	AH 9: 4	The state of the s
For further information concerning this matter, please call:		- E	
Sandra Mallmann Romero at (786) Name of Person) 6956014 Area Code & Daytime Telephone	Number	
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	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

🛚 \$25 Filing Fee

Enclosed is a check for the following amount:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZAKK GOUP,	LLC
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>LZ30003894</u>	Company were filed on $08-18-7023$ and assigned $3/$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C." **DRESS** **DRESS**
Enter new mailing address, if applicable:	202 SE T
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registered:
Name of New Registered Agent:	m -
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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
AMBR	ZAMORA CUBINOS MAURICIO	44 Ney west Ct	□Add
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		Signatu	re of a mem	ber or author	ized representa	tive of a membe	:1			
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