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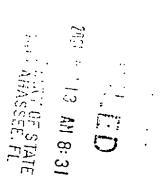
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

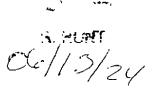
Office Use Only



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## **COVER LETTER**

Registration Section

Division of Corporations

Tallahassee, FL 32314

· TO:

SUBJECT:	Zan	nora	HOLDI	NOS	LLC					
			Name of Lin	iited Liabilit	y Company					
The analysis l	A medical construction	S 1			C11					
the enclosed.	Articles of a	Amendment a	and fee(s) are sul	mitted for	liling.					
Please return :	ill correspoi	ndence conce	erning this matter	to the folk	owing:					
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For further inf	ormation co		s matter, please c		or tuture annuai rej	роп поонеан	ion)	RY OF STATE IASSEE, FL	1678 J 11 3 AM 8: 31	<i>C</i>
	rka Z	Zeimora	<i>C</i> <sub>1</sub>	at (	<u>305)</u> 80	1434				
	Name of	Person			Area Code	Daytime Tel	lephone Numbe	ľ		
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<b>5</b> ₹ \$25.00 Fi	ling Fee		Filing Fee & icate of Status	Cer	00 Filing Fee & tiffed Copy itional copy is enclosed.	sed)	Certified	ite of Statu		
	ing Address				Street Add Registrat	<u>Iress:</u> ion Sectio	n			
Registration Section Division of Corporations				Division	of Corpor	ations				
P.O.	Box 632	7			The Cent	re of Talla	ihassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Caindry Hou	· · · · · ·
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000140076</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
NZAMURA HULDINGS L The new name must be distinguishable and contain the words "Limited Liability".	LC
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	6385 SW 40 ST.
(Principal office address MUST BE A STREET ADDRESS)	6385 SW 40 ST. MIANI FL 33155
	(2)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<b>三</b>
	WO D
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, 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 =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00