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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Cullen NOV 18 2011

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\* ALSO ADMITTED IN NEW JERSEY

\* ALSO ADMITTED IN DISTRICT OF COLUMBIA  
COURT OF APPEALS

\*\* ALSO ADMITTED IN MASSACHUSETTS AND  
RHODE ISLAND

\*\* ADMITTED IN FLORIDA

**PERSONAL & CONFIDENTIAL**

November 10, 2011

*By Certified Mail / Return Receipt*

# 7010 0780 0000 6383 0946

**Florida Department of State**

Registration Section

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

Dear Sir or Madam:

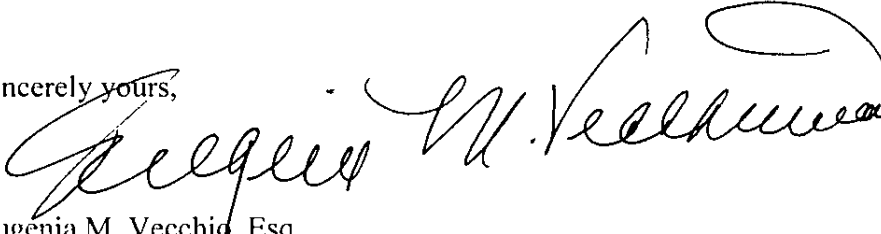
**Re: Zephyr LLC**

Attached please find a Cover Letter, Articles of Amendment to Articles of Organization, and filing fee of \$60.00 (Chase check # 1779) payable to Florida Department of State for Zephyr LLC.

Please process accordingly and provide my office with acknowledgment of filing. If you have any questions, please do not hesitate to call me at (914) 835-1818 or email me at [EMV@EugeniaMVecchioEsq.com](mailto:EMV@EugeniaMVecchioEsq.com).

Thank you.

Sincerely yours,



Eugenia M. Vecchio, Esq.

Encl.

EMV:sc

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ZEPHYR L.L.C.**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eugenia M. Vecchio, Esq.

Name of Person

Eugenia M. Vecchio & Associates, PLLC

Firm/Company

550 Mamaroneck Avenue, Suite 210

Address

Harrison, New York 10528

City/State and Zip Code

emv@eugeniamvecchioesq.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eugenia M. Vecchio

Name of Person

at ( 914 )

835-1818

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

**11 NOV 17 AM 10:47**

**ZEPHYR L.L.C.**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

\_\_\_\_\_  
(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 Liability Company were filed on July 23, 1999 and assigned  
Florida document number L99000005237.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

\_\_\_\_\_  
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation  
"L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:**

**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 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

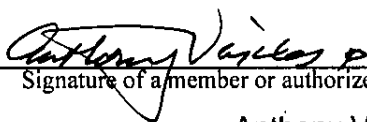
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Anthony Vasilas	80 Gristmill Lane Plandome, NY 11030	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Peter A. Vasilas	11 Hilltop Drive Bayville, NY 11709	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Article IV-Management

The Limited Liability Company is to be managed by a manager(s) who need  
not also be a member.

Dated September 30, 2011



Signature of a member or authorized representative of a member

Anthony Vasilas

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA