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## **COVER LETTER**

	Division of Cor				
eup ir c	88 Zest, L	rc			
SUBJEC	.li	Name of Lim	aited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		lwan Saputra			
			Name of Person		
		88 Zest, LLC		i	
			Firm/Company		
		1719 E Hallandale Beach I	Blvd	1 57. 0:34	
		<del></del>	Address		Ţ
		Hallandale, FL 33009	Address	10V 15	<u>-</u>
		Cilantrofl@gmail.com	City/State and Zip Code	cation) & So	
		E-mail address: (	to be used for future annual report notifi	cation)	
For furth	er information c	concerning this matter, please c	all:	1	
Iwan Sa	putra		770 3544769		
	Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed	l is a check for t	he following amount:			
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURH Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n utions	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

88 Zest, LLC			į		
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on c Liability Company)	our records.)		
The Articles of Organization for this Limited I Florida document number 37-1874195	iability Company	were filed on 10/06/2	2017	and ass	igned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liah	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	ation "LLC" or the ab	breviation "1	L.C."
Enter new principal offices address, if appli	cable:	No Change		- E	T
(Principal office address MUST BE A STRE	ET ADDRESS)		<u> </u>	<del></del>	<u></u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	· <i>BOX</i> )	No Change		5 × 8 59	<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		<u>:e</u> :	records, enter	the name	of the ne
New Registered Office Address:	1719 E Hallar	ndale Beach Blvd	<u> </u>		
		Enter Florida sti	reet address		
	Hallandale		Florida <sup>33</sup>	009	
N. D. C. LA O. C. A. C. T. Konsins	D-:	City	1	Zip Code	
New Registered Agent's Signature, if changing					
I hereby accept the appointment as register provisions of all statutes relative to the pro-	ed agent and agr per and complete	ree to act in this capa performance of my a	city. I further <sup>t</sup> agi luties, and I am f	ree to comp amiliar wit	dy with th h and

If Changing Registered Agent, Signature of New Registered Agent

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 hepehy confirm that the limited liability

company has been notified in writing of this change.

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	<u>Address</u>	Type of Action
MGR	Panida Sriudomsilp	1745 E Hallandale Beach Blvd #2606 Hallandale_El	□ Add
			Remove
			Change
			□ Add
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			Change
			<u>1</u> 60
			UPChange □
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		- 1,	
			Remove
			☐ Change

mene	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	œ œ
	be —
	11/12/2018
e <mark>ctive</mark> reffect	date, if other than the date of filing:(optional) (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
<u>te:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at the date on the Department of State's records.
unicn	t serietive date of the 12-partition of state s records.
recoi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	Oth day after the record is filed.
	November D. 20(0)
ed	
	an '
	Signature of a member or authorized representative of a member
	Inan Sapetra,
	Typed or printed name of signee
	Page 3 of 3

Page 3 of 3

Filing Fee: \$25.00