Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

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From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (

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**Enter the email address for this business entity to be used for future
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZAMPRO SUPPLIES LLC

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COVER LETTER

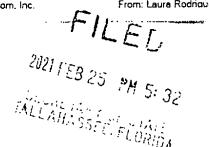
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		Amendment and fee(s) are subm					
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		Legalzoom.com, Inc.					
			Firm/Company				
		101 N Brand Blvd 11th Fl Address					
		Glendale, CA 91203					
			City/State and Zip Code				
		marveli.zamora@gmail.com E-mail address: (to be used for future annual report notification)					
For furth	er information (concerning this matter, please ca	Н;				
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Enclosed	l is a check for t	the following amount:					
□ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	MAII	LING ADDRESS:	STREET/COU	RIER ADDRESS:			

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

Division of Corporations Chiton Building 2661 Executive Center Circle Tallahassec, FL 32301

Page: 4 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ZAMPRO SUPPLIES LLC
(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 07/02/2020 and assigned
Florida document number L20000188095
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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
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 ne
B. If amending the registered agent and/or registered office address on our records, enter the new registered office address here:
Tegister ed agent about the new register to other party
Name of New Registered Agent:
New Registered Office Address:
Enter Florida struct address
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 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

: 18506176383

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

LegalZoom.com, Inc.

AMBR = Authorized Member Type of Action <u>Address</u> Title Name 8000 Baymeadows Cir E Marveli Zamora MGR Apt 124 Jacksonville, Florida 32256 🖬 Add ☐ Remove ☐ Change □ Add ☐ Remove Remove? □ Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add _□ Remove _ Change

■ Page: 6 of 6

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