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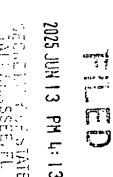
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RATE MARITZA ZONZI PISCIOHA 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:
MARITZA ZOZZI PISCOHA Name of Person
Firm/Company
1560 Central Ave #466
City/State and Zip Code/ City/State and Zip Code/ Code/ E-mail address: (to be used for future annual report notification) Code/ E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S55.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$
Mailing Address: Registration Section Street Address: Registration Section

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

June 3, 2025

MARITZA ZORZI PISCIOTTA 1560 CENTRAL AVENUE #466 ST. PETERSBURG, FL 33705

SUBJECT: PAJE, MARITZA ZORZI PISCIOTTA, LLC

Ref. Number: L21000408801

We have received your document for PAJE, MARITZA ZORZI PISCIOTTA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must contain the original date of filing/authorization in Florida.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 325A00011919

Claretha Golden Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears on our records.)	
	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on September 15, 500 and assigned	
Florida document number # L21000 408	301	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Cell No Well No CARDS of the new name must be distinguishable and contain the coords "Limitedaon	NG POWDERS LIMITED LIANIDY) Wa
Enter new principal offices address, if applicable:	1560 CENTIAL AVE	_
(Principal office address MUST BE A STREET ADDRESS)	St Retensioned FL 3	<u>3</u> 2
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BOX)		
		_
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new regist	<u>tered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	_
	Florida rr W	
	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 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
			□Add
			
			□Remove
			□ Change
- 			□Add
			□Remove
			□Change
_ _			□Add
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change

_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	, ,
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(If an eft Note:	ive date, if other than the date of filing: Coptional Coptional	5.0207 (3 ed as th
he recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after led.	r the
Dated	March 20 2085.	
	Signature of a member of authorized representative of a member	
	MANITY A DOY DISCOMM	