L22000015914

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COVER LETTER

TO: Registration Se Division of Cor				
Zerorez Mi SUBJECT:	ami LLC			
SUBJECT:	Name of Lim	ited Liability Company	·	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Devin Harper			
		Name of Person		_
	Zerorez Miami LLC			
		Firm/Company		anga.
	1212 w River ridge In			2023
		Address	•	
	Spanish Fork, UT 84660			2023 MAR 27 AH 8: 47
		City/State and Zip Code		- -
	dharper@zerorz.com			<u> </u>
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual reall:	port notification)	H7
Devin harper			8356	
Name o	f Person	at () Area Code	Daytime Telephone Number	<u> </u>
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclo	Certific (sed) Certifie	ate of Status &
Mailing Addres Registration S		<u>Street Ado</u> Registrat	dress: ion Section	
Division of C			of Corporations	
P.O. Box 632		The Cent	tre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zerorez Miami LLC.			
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our record imited Liability Company)	<u>y.</u>)	
The Articles of Organization for this Limited Liability Cor Florida document number L22000015914	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	"or the abbreviation "E.SC."	
Enter new principal offices address, if applicable:		4	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	27	
Enter new mailing address, if applicable:		8: 4 STA	
(Mailing address MAY BE A POST OFFICE BOX)		T-1 -1	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registered	
Name of New Registered Agent:		,	
New Registered Office Address:	Enter Florida street addres.		
	Enter Florida street address		
	, Flo	orida 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

MGR = Manager AMBR = Authorized Member

or removed from our records:

<u>Title</u>	Name	Address	Type of Action
MGR	John Falls	3670 E TENTH CTHIALEAH, FL 33013 US	
			□Remove
			[]Change
			□Remove
			□Change 2023 □Add Remove
			S B Change
			□Remove
		<u> </u>	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

_____ □Change

			
Tective date, if other than the an effective date is listed, the date material of the date inserted in this becoment's effective date on the I	e date of filing:	(optional) Ig or more than 90 days after filing.) Pursuant y filing requirements, this date will not h	to 605,0207 ne listed as
record specifies a delayed effecti is filed.	ve date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day	y after the
March 13	2023		

Senatore of a member or authorized representative of a member

1 Harper
Typed or printed name of signee