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(Req	uestor's Name)	
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2022 NOV 18 PH 12: 09
SECRETARY OF STATE

2/3/23 V.W

COVERTETTER

	istration Se ision of Cor			
SUBJECT:	RZN Estate	Solutions LLC		
		Name of Lim	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		LEXIE RIVERS		
			Name of Person	
		PRIME CORPORATE SE	ERVICES	
			Firm/Company	
		5250 S COMMERCE DR	STE 200	
		······································	Address	
		MURRAY, UT 84107		
			City/State and Zip Code	
		Ilcsupport@primecorporate		
		E-mail address: (to be used for future annual report noti	fication)
For further in	formation co	oncerning this matter, please ca	all:	
LEXIE RIVI			at () 577-4639 Area Code Daytim	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	iling 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

RZN Estate Solutions 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 10/21/2022 and assigned Florida document number ______L22000454789 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RZN Creative Solutions LLC The new name must be distinguishable and contain 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 City

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

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	 		Add
			Remove
			Change
			☐ Add
			☐ Change
			□ Add
			□ Remove
			Change
			□ Add
			Remove
			□ Change
			□ Remove
			Change
			☐ Remove
			□ Change

	
Note:	e date, if other than the date of filing:
the re) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 20th day after the record is filed.
Dated	GOVEMBER 4 2022
	· -/) [/)

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Typed or printed name of signee

Filing Fee: \$25.00