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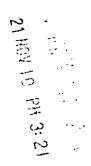
(Requestor's Name)					
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T. MATTHEWS NOV 1 9 2021

COVER LETTER

Registration Section

TO:

Division of Cor	porations							
ZEENST L	LC							
Name of Limited Liability Company								
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please return all correspo	indence concerning this matter	to the following:						
	ALI SACHOO							
	Name of Person							
	ZEENST LLC							
	Firm/Company							
	1004 TRAVERTINE TERRACE							
	Address							
	SANFORD FL 32771							
	City/State and Zip Code							
	E-mail address: (to be used for future annual report notifi	Cation)					
For further information c	oncerning this matter, please c	·						
ALI SACHOO	407 797-6871							
Name of Person at () Name of Person Area Code Daytime Telephone Number								
Enclosed is a check for the	ne following amount:							
□ \$25.00 Filing 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZEENST LLC	pany as it now appears on our records.)	21
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
he Articles of Organization for this Limited Liability Compar	ny were filed on 03/11/2010	and assigned
orida document number 1.10000027503		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	ability company here:	
ne new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" o	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, <u>enter th</u>	e name of the new regist
gent and/or the new registered office address here.		
Name of New Registered Agent:		
New Paristand Office Address:		
New Registered Office Address:	Enter Florida street address	
	Flori	ida
	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

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	21 NOV 10 PH 3: 21	Type of Action
MGR	WAHIDA SACHOO	1004 TRAVE	RTINE TERRACE	= Add
		SANFORD FI	. 32771	□Remove
				□Change
				□Remove
				□Change
				□Add
				□Remove
				□ Change
		 		□Add
				□Remove
				□Change
				□Remove
				□ Change
				🗀 Add
				□Remove
				□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 21 HOW IN FIL 3: 21 E. Effective date, if other than the date of filing: (optional) (If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated _ OCTOBER 29 2021 Signature and member or authorized representative of a member ALI SACHOO

Typed or printed name of signee