## L15000000949

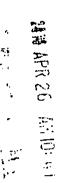
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## **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	porations		The state of the s
SUBJECT:		NZE MIND LLC	
	Name of Lim	ited Liability Company	
The condition of New Line of	N	. 1 1.6	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	÷
		ADACEL VO VEDA	
		ARACELYS VERA Name of Person	·=·
	S	UNDANZE MIND LLC	
		Firm/Company	
	801 BR	ICKELL BAY DRIVE STE 47	1
		Address	
		MIAMI, FL 33131  City/State and Zip Code	
		•	
	VERAAF E-mail uddress: (	RACELYS@GMAIL.COM to be used for future annual report notif	ication)
r e a re d		·	
For further information c	oncerning this matter, please c	att:	
ADACEL	VC	700 > 204 020	<b>1</b>
ARACELYS VERA Name of Person		at ( <u>786</u> ) <u>301-230.</u> Area Code Daytimo	Telephone Number
		,	•
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(additional copy is enclosed)	(additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:
Registration Section		Registration Section	
	on of Corporations ox 6327	Division of Corpor	ations
		Clifton Building 2661 Executive Ce	nter Circle
Tallahassee, FL 32314		±001 Executive Ce	mer energ

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	TO	• • •	
ARTICLES	OF ORGANIZAT	TION	Single Control of the
	OF		Fo
			B. 6.
SUNDANZE	MIND LLC		
( <u>Name of the Limited Liability</u> (A Florida L	imited Liability Company)	x on our records.)	6
The Articles of Organization for this Limited Liability Cor	mpany were filed on	01/05/2015	and assigned
Torida document number <u>L1500000949</u>	<u>-</u>		•
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limite</u>	ed liability company he	ere:	
	<u></u>	····	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the d	esignation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRE	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			····
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		our records, ent	er the name of the ne
og.wered agent amous the new registered write adure	N. HOLC		
Name of New Registered Agent:			
New Registered Office Address:			
The state of the s	Enter Flor	ida street address	
		, Florida	
	City		Zip Code
Sew Registered Agent's Signature, if changing Registered a	Agent:		
hereby accept the appointment as registered agent an	id agree to act in this c	capacity. I further	agree to comply with the
provisions of all statutes relative to the proper and con			
accept the obligations of my position as registered age being filed to merely reflect a change in the registered			

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	ROBERTO PEREZ	801 BRICKELL BAY DR	☑ Add
		SUITE 471	☐ Remove
		MIAMI, FL 33131	Change
AMBR ROBERT R	ROBERT R PEREZ	801 BRICKELL BAY DR	☑ Add
		SUITE 471	□ Remove
		MIAMI, FL 33131	Change
			Remove
			Change
		<del> </del>	
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
		<del></del>	
			☐ Remove
			☐ Change

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<u>Note:</u> 1	e date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 00th day after the record is filed.
Dated _	APRIL 18th. 2019 .
	Signature of a member or authorized fepresentative of a member
	ARACELYS VERA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00