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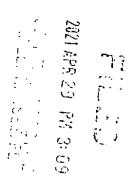
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COVER LETTER

TO:

TO: Registration Division of	n Section Corporations			
	AW OFFICE OF KRISTY GUY Z	INNA. PLLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.		
Please return all corre	espondence concerning this matter	to the following:		
	KRISTY BELLE GUY ZI	NNA		
		Name of Person	, , ,	
	THE LAW OFFICE OF K	RISTY GUY ZINNA. PLLC	2021 APR 29	1
		Firm/Company		
		Address		ė į
	PARRISH, FLORIDA 342	219	Property of the contract of th	•
	ZINNALAW@GMAIL.CC	City/State and Zip Code		
Una firethou informati	E-mail address: (on concerning this matter, please c	to be used for future annual report noti	fication)	
	-			
KRISTY ZINNA, ES		941 209-1511 at ()	···	
Na	me of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check f	or the following amount:			
□ \$25.00 Filing Fe	e S30.00 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	
Division of P.O. Box	on Section of Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE LAW OFFICE OF KRISTY GUY ZINNA, PLLC (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 MAY 22, 2015 and assigned Florida document number L15000091313 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ZINNA LAW, PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) (3 N/A 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _

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.

City

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

Title	Name	Address	Type of Action
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			□Remove
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