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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Elixir ZENTH NEUtra CLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Abdul Talil FAR HOUDI Name of Person |
| Elixir Zenth Neutra IIc Firm/Company |
| 7512 Dr. Phillips BLVD Ste 50-940 |
| Orlando FLorida 32819 City/State and Zip Code |
| Elixir Z FNI Ho CS @ GM (U) CON E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at (941) 735 – 9843 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

| Elixir ZENITH NEU | tra LLC |
|---|---|
| Elixir ZENITH NEW (Name of the Limited Liability Comp (A Florida Limite) | pany as it now appears on our records.) I Liability Company) |
| The Articles of Organization for this Limited Liability Compan Florida document number <u>ししらりの8203</u> 6。 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lia | bility company here: |
| The new name must be distinguishable and contain the words "Limited Liab | bility 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 of registered agent and/or the new registered office address he | office address on our records, enter the name of the newere: |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent | • |
| | ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address. I hereby confirm that the limited liability |
| | SEP 2 |

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 = At | uthorized Member | | |
|------------------|---------------------|--|------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR | HBC Holdings UC | 7512 Dr. Phillips BLVO | DP Add |
| | | | Remove |
| | | | Change |
| MGR | Abdoljalil FARbouch | 1512 Dr. Phillips BLVD | |
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| 100% Equityou | | | Change |
| | FARZANEH FARA | tubi 7512 Dr. Phillips BLVC | D D Add |
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Filing Fee: \$25.00