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COVER LETTER

TO: Registration So Division of Cor				
SUBJECT:	Mitra Jak	gaminy LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Mitr	Name of Person	}	
	1620 23	Firm/Company Strect 7+10001+#8	3	21 La 112
		City Chate and Zip Code		ے ا
For further information of	E-mail address (ang omit rupe of to be used for future abnorman report all:	notification)	ਿਹ ਹਾ
		ar (GCO D)		
Name (d Person	Area Code Da	ytime Telephone Number	
Enclosed is a check for t	he following amount:			
DV \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
	JNG ADDRESS: ration Section	STREET/CO Registration So	URIER ADDRESS:	

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MITRAJAHANMIR	1 LLC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1600019800</u>	were filed on 10.17.701 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
ZoomDoLLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	
	C.3
Enter new mailing address, if applicable:	1620 237th St Unit 81
(Mailing address MAY BE A POST OFFICE BOX)	HURBOR CITY CA 90710-
	· > .1
	J a
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
regimered agent unitary the new regimered variety from the	•
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:

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 = Mai AMBR = Aut	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MITRA JAHANMIRY	1620 237th St Unit#8	dd
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E. Effective da (If an effective d Note: If the d document's e	ate is listed, t Jate inserted	the date must l d in this bloc	e specific a k does no	and cannot b t meet the	applicable	te of filing or statutory fil	more than 90 ing requirer	(option days after finents, this c	ial) ling.) Pursuar	nt to 605.020 be listed a
If the record s		a delayed r the reco			ut not an	effective	time, at	12:01 a.	m. on the	earlier (
(b) The 90th		1.40		10	18.					
(b) The 90th Dated(<u>Jne</u>	oth ils	1.1			,				

Page 3 of 3

Filing Fee: \$25.00