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TO: Registration Division of	n Section Corporations	
ZCH Ct SUBJECT:	ustoms LLC	
3003201.	Name of Limited Liability Company	t and fee(s) are submitted for filing. cerning this matter to the following: Hasson Name of Person ustoms LLC Firm/Company Miramar Pkwy #194 Address ar FL 33027 City/State and Zip Code oms@gmail.com E-mail address: (to be used for future annual report notification) his matter, please call: at (
The enclosed Articles	s of Amendment and fee(s) are submitted for filling.	
Please return all corre	espondence concerning this matter to the following:	
	Zachary Hasson	
	Name of Person	
	ZCH Customs LLC	
	Firm/Company	
	14359 Miramar Pkwy #194	
	Address	
	Miramar FL 33027	
	Zchcustoms@gmail.com E-mail address: (to be used for future annual report notification)	
For further informatic	on concerning this matter, please call:	
Zachary Hasson		
Nan	me of Person Area Code Daytime Telephone	e Number
Enclosed is a check for	for the following amount:	
■ \$25,00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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 ORGANIZATION

ZCH C			
(Name of the Lim	ited Liability Comp (A Florida Limited	pany as it now appears on our records.) Hability Company)	
The Articles of Organization for this Limited I		y were filed on <u>06/27/2017</u>	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
		N/A	
Enter new mailing address, if applicable:		14/74	
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered of			er the name of the n
Name of New Registered Agent:	N/A		17.Je
New Registered Office Address:	N/A		
		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

	<u> </u>		
MGR = (Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Cristina Hechavarria	14359 Miramar Pkwy #194	
		Miramar, FL 33027	■ Remove
			Change
MGR	Zachary Hasson	14359 Miramar Pkwy #194	⊟ ∧dd
		Miramar, FL 33027	□ Remove
			Change
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot	be prior to dat	e of filing or more th	(optio	nal) filing.) Per	suant to 605.020
ote: If the date inserted in this block does not meet the	e applicable s	statutory filing req	uirements, this	date will	not be listed a
ocument's effective date on the Department of State's r	records,				
e record specifies a delayed effective date, b The 90th day after the record is filed.	out not an	effective time	, at 12:01 a	.m. on t	he earlier o
The 30th day after the record is filed.					
ated July 2nd 2017	7				
ated					
	, /				
Signature of a member	or authorized	representative of a r	nember		
V					
Zachary Hasson					
Typed (or printed nan	ne of signee		-	-

Page 3 of 3

Filing Fee: \$25.00