L17000257683

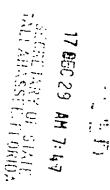
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

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COVER LETTER

ZEN INTI SUBJECT:	ELLIGENCE LLC		
SUBJECT:	Name of Limited I.	iability Company	
The enclosed Articles o	f Amendment and fee(s) are submitte	d for filing.	
Please return all corresp	condence concerning this matter to the	e following:	
•	Anuj Desai		
		Name of Person	
		Firm/Company	
	14039 Pointe Anne Drive		
		Address	
	Odessa, Florida 33556		
	Gi angelabeas⟨∂gmail.com	y/State and Zip Code	
		used for future annual report i	notification)
For further information	concerning this matter, please call:		
Angela Desai		305 244-9341 at ()	
Name	of Person	Area Code Day	time Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ Certificate of Status	l \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

ZEN INTELLIGENCE LLC		
(Name of the Cun	ited Lighility Company as it now appears on our records.) (A Florida Limited Lighility Company)	
The Articles of Organization for this Limited I Florida document number 1.17000257683	Liability Company were filed on 12/48/2017	and assigned
This amendment is submitted to amend the fol	towing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	wurds "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cuble:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
registered agent and/or the new registered of	I/or registered office address on our records, enoffice address here: Christopher J. Denicolo, J.D., L.I., M.	ter the name of the new
Name of New Registered Agent:	1245 Court Street, Suite 102	
New Registered Office Address:	Enter Florido street address	\$ 20
	Clearwater. Florida	FI. 33756 🗨 🔭
	Ciţy	Zip Code
New Registered Agent's Signature, if changing		800 49
provisions of all statutes relative to the pro accept the obligations of my position as reg	red agent and agree to act in this capacity. I further per and complete performance of my duties, and I gistered agent as provided for in Chapter 605, F.S. pregistered affice address, I hereby confirm that the	am familiar with and Or, if this document is

Page 1 of 3

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 = Månager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Angela Desai	14039 Pointe Anne Drive, Odessa,	= Add
		Florida 33556	Remove
			Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
			Remove
			☐ Change

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ee ee la company at				(
ffective date, if other than the an effective date is listed, the date mu	st be specific and cannot	be prior to date of t	iling or more than 90	(optional) days after filing.) Pu	irsuant to 605.02
ote: If the date inserted in this becoment's effective date on the E	epartment of State's	e applicable statu records.	ory ming requiren	ients, inis date wii	i not be listed
e record specifies a delaye The 90th day after the rec		but not an effe	ective time, at	12:01 a.m. on	the earlier
December 22 ated	201	7			
-					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00