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Certified Copies	Certificates	of Status
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COVER LETTER · · ·

TO: Registration Section Division of Corporations	
SUBJECT: Zen Methods L. Name of Limited Liability Comp.	L _i C _j
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mary Ha Name of Per Zeu Meth Firm/Compa 3841 Charclo M Address Rockled C City/State and Zi Ded page C E-mail address: to be used for future For further information concerning this matter, please call:	my May Dr 1 32.953 p Code Me. Com annual report notification)
Name of Person at (211 (Name of Person) at (211 Area Co	de Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Certificate of Status \$ Certified C (additional co	
Registration Section Re Division of Corporations Di	FREET/COURIER ADDRESS: egistration Section twistion of Corporations ifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zen Method	s L.L.C.
(Name of the Limited Liability Company (A Florida Limited Lia	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 18000011 955</u>	were filed on $\sqrt{a \kappa \cdot 12}$, 2018 and assigned
This amendment is submitted to amend the following:	~3·
A. If amending name, enter the new name of the limited liability	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	> <u>⊃</u>
(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 offi registered agent and/or the new registered office address here:	ice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mary P. Haynes	3841 Chardomay Dr Rockledge, FC	DEAdd
AR	^	32955	Change
AR METR	ledram Zendehrou	B2955 R 3841 Chardonnay D Kockledge, Fr 32953	Add :
		Kockledge Fr 33953	Remove
	_		nange:
MGR	Pedram Zendehrauh	3841 Chardennay Dr.	Z Add
		Rockledge FC	□ Remove
		32955	Change
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		Signature of	a member or au	thorized represen	tative of a memb	er	•	_
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Page 3 of 3

Filing Fee: \$25.00