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COYER LETTER

TO: Registration S Division of Co		•		
SUBJECT:	Zolex LL	<u>C</u>		
	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:		
	Tony	Rudenko Name of Person		
		Firm/Company		
	354 Va	in Gogh Circle		18
	Ponte V	1 Address 1 Address	8	13
	F-mail address: (to be used for future annual report notific:	Tion)	FILED No. 13 A
For further information of	concerning this matter, please co		LONIDA LONIDA	D M 8: 20
Name (of Person	at () Area Code Daytime T	elephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en	tus &
	ING ADDRESS: ration Section	STREET/COURIER Registration Section	RADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zolex LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	was it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number 418000 1 6195.	were filed on <u>5/9/18</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ly Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		F/4 6
(Principal office address MUST BE A STREET ADDRESS)		E E I
Enter new mailing address, if applicable:	/	TO THE D
(Mailing address MAY BE A POST OFFICE BOX)		0,0
William Con The Control of the Contr		5 0
B. If amending the registered agent and/or registered office address here:		nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	performance of my duties, and I covided for in Chapter 605, F.S.	am familiar with and . Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MCL	Tony Rudenko	354 Van Gugh Cir Ponte Vedra F2 32081	
		Ponte Vedra FZ	Remove
		32081	Change
			Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effective date, if other than the date of filing: S10 208 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	0207 (3 d as th
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier) The 90th day after the record is filed.	r of:
Dated 8/10/2018 2018	
Mun	
Signature of a member or authorized representative of a member	
Tony Kudenko Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00