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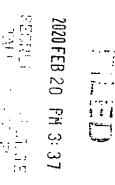
(Req	uestor's Name)	
(Add	iress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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COVER LETTER

Division of Cor	porations		
Ballard St			
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Irfan Zinna		
		Name of Person	· · · · · · · · ·
		Firm/Company	
	2472 Chapel Bridge Lane,		
		Address	
	Melbourne FL 32940		
		City/State and Zip Code	
	izinna3@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Name o	ı' Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	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 Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

• •

Registration Section

TO:

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

Ballard Street LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	ompany as it now appears on our record nited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Com- Florida document number <u>L18000133312</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
		2026
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	or the abbreviationL.C."
Enter new principal offices address, if applicable:		2
Principal office address MUST BE A STREET ADDRES	<u> </u>	- 11: - 12:
		<u> </u>
Enter new mailing address, if applicable:	2472 Chapel Bridge Lane, Mel	lbourne FL 32940
Mailing address MAY BE A POST OFFICE BOX)		
in in the second		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		s, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S.
	Flo	orida
	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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Irfan B Zinna and Maria. M Alonso		T 411
	Trustees of the Zinna-Alonso Trust		
	created on 11/12/1998		■ Remove
			□ Change
AMBR	Irfan B Zinna, Trustee of The		= Add
	Zinna-Alonso Trust created on		
	11/12/1998		—————————————————————————————————————
AMBR	Maria M Alonso, Trustee of The		
	Zinna-Alonso Trust created on		£ : ω · ································
	11/12/1998	 	r ⊆ Ω EΠ Remove
			□ Change
			□ Add
			□ Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	te of filing or more than 90 days after fil statutory filing requirements, this d	at) ing.) Pursi ate will r	uant to 605.020' not be listed as
e record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.r	n. on tl	ne earlier o
Pated			
Infan R. Unic Signature of a member or authorized			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00