Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.U. Account Name

Account Number : I20040000167 Phone : (305)377-0809

Fax Number : (305)377-0781

 \triangleright **Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.** ĊÒ DOYAlaw.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TRANZENN, LLC

| Certificate of Status |] 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$30.00 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Tranzenn, LLC | | |
|---|---|------------------------------|
| (Name of the Limited Eiabil (A Florid | ity Company as it now appears on our records. a Limited Liability Company) |) |
| he Articles of Organization for this Limited Liability (| Company were filed on 05/31/2018 | and assigned |
| orida document number L18000135115 | <u></u> , | _ |
| nis amendment is submitted to amend the following: | | |
| If amending name, enter the new name of the lim | ited liability company here; | |
| &A Tranzenn Holdings, LLC | | |
| e new name must be distinguishable and contain the words "Lin | nited Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| ater new principal offices address, if applicable: | | |
| rincipal office address MUST BE A STREET ADD | RESS) | |
| | | |
| | | 2020 |
| ter new mailing address, if applicable: | | > 71 50 |
| ailing address MAY BE A POST OFFICE BOX) | | |
| | | <u></u> |
| | | > |
| If amending the registered agent and/or regis | | enter the pame of the n |
| gistered agent and/or the new registered office add | <u>lress here</u> : | 02 |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | <u> </u> |
| - | Enter Florida street address | |
| | , Flor | rida |
| | Ciţ | 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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| AMBR = | Authorized Member | | |
|--------------|-------------------|---------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| | | | Add |
| | | | Remove |
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| | | | Remove |
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| ii amending any o | her information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| | (ontinnal) |
| Note: If the date in | other than the date of filing: |
| the record specif) The 90th day | ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o after the record is filed. |
| August 4 | 2020 |
| Dated August 4 | . |
| | |
| | Signature of a member or authorized representative of a member |
| Ricardo | Bajandas, Authorized Representative |
| | Typed or printed name of signee |

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Filing Fee: \$25.00