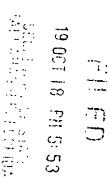
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	,



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COVER LETTER

SUBJECT: ZION H.	CME VENTURE Name of Limite	S LLC ed Liability Company		-
The enclosed Articles of Ameno	dment and fee(s) are subm	itted for filing.		
Please return all correspondence	e concerning this matter to	the following:		
	SURINDER	RESHAN Name of Person		_
	ZION HOMA	WENTURES LI	Lc	
_	11108 HOFFN	ER EDGE C Address	R	_
_	RIVERUIE	ن FL 335 City/State and Zip Code	79	
	SURINDER E-mail address: (to	Be used for future annual rep	ort notification)	-
For further information concern	ing this matter, please call	l:		
SURINDER PROMOTER OF Person	-0 <i>577</i> AN	at (<u>213</u>) C	190 9254 Daytime Telephone Num	ber
Enclosed is a check for the follo	owing amount:			
■ \$25.00 Filing Fee □ \$	530.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	Certif ed) Certifi	Filing Fee, icate of Status & icd Copy and copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

ZION HOME VENTURES	LLC
Zion Home Ventures (Name of the Limited Liability) (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor	mpany were filed on $\frac{66/11/2018}{}$ and assigned
Florida document number <u>L18000 143217</u>	,
This amendment is submitted to amend the following:	
A 16	A II-kilian sammann kana
A. If amending name, enter the new name of the limite	
SURINDER RUSHAN LLC	ed Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
he new name must be distinguishable and contain the words "Limite	
Enter new principal offices address, if applicable:	INUS HUFFNER EDGE DR RIVERVIEW FL 33579
Principal office address MUST BE A STREET ADDRE	SS) RIVERVIEW FL 33579
	
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOUR TO
	70 (III
	<u> </u>
	red office address on our records, enter the name of the new
registered agent and/or the new registered office addre	ss here:
_	
Name of New Registered Agent:	RINDER ROSMAN
New Registered Office Address: 1110	8 HOFFNER EDGE DR Finter Florida street address
	Tanks The Mark Street Con
1-61	VERVIEW Florida 33579 City Zip Code
	Say Sout

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	,

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change
			Remove
			— □ Change
			
			Remove.
			5 Change
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date is listed, the date date in the date	must be specific a is block does no	and cannot be port of the app	dicable statuto	ing or more than 90 d ry filing requireme	ays after filing.) Pu	rsuant to 605.0207 I not be listed as
			not an effe	tive time, at 1	2:01 a.m. on	the earlier of
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0/12/20	<u> </u>	_·	· ·			30 61
/ IN	3			_		
1	Signature of	a member or a	uthorized repres	entative of a member		
	ate, if other than the date is listed, the date date inserted in the effective date on the specifies a delay after the	ate, if other than the date of file date is listed, the date must be specific to date inserted in this block does not effective date on the Department of specifies a delayed effective h day after the record is file	ate, if other than the date of filing: to date is listed, the date must be specific and cannot be present in this block does not meet the apprendictive date on the Department of State's recomplete specifies a delayed effective date, but h day after the record is filed.	ate, if other than the date of filing: e date is listed, the date must be specific and cannot be prior to date of filing and date inserted in this block does not meet the applicable statuto effective date on the Department of State's records. specifies a delayed effective date, but not an effect high day after the record is filed. Signature of a member or authorized representations.	state is listed, the date must be specific and cannot be prior to date of filing or more than 90 december date in this block does not meet the applicable statutory filing requirement effective date on the Department of State's records. specifies a delayed effective date, but not an effective time, at 1 h day after the record is filed. Signature of a member or authorized representative of a member of a member of authorized representative of a member of a me	ate. if other than the date of filing:

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00