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| (Requestor's Name) |
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| Divis | sion of Corp | orations | | |
|-----------------|---------------|--|---|---|
| SUBJECT: | Zora L.L.C. | | | |
| SUBSECT. | | Name of Lim | ited Liability Company | |
| The enclosed | Articles of A | amendment and fee(s) are sub | mitted for filing. | |
| Please return : | all correspon | dence concerning this matter | to the following: | |
| | | Marcell Kiss | | |
| | | | Name of Person | |
| | | Zora L.L.C. | | |
| | | | Firm/Company | |
| | | 10486 Boynton Place Circ | Name of Limited Liability Company ent and fee(s) are submitted for filing. concerning this matter to the following: cell Kiss Name of Person 1.L.L.C. Firm/Company 36 Boynton Place Circle Address Inton Beach/Florida 33437 City/State and Zip Code cellkiss@hotmail.com E-mail address: (to be used for future annual report notification) g this matter, please call: at (| |
| | | | Address | for filing. following: Name of Person Firm/Company Address State and Zip Code ed for future annual report notification) at (|
| | | Boynton Beach/Florida | 33437 | |
| | | | City/State and Zip Code | |
| | | marcellkiss@hotmail.com | to be used for future annual report notifies | ation) |
| For further inf | formation co | ncerning this matter, please ca | | , |
| Marcell Kiss | ; | | | |
| | Name of | Person | | elephone Number |
| Enclosed is a | check for the | following amount: | | |
| □ \$25.00 Fi | ling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & Certified Copy |
| Mail | ing Address: | : : | Street Address: | |

Registration Section Division of Corporations

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Zora L.L.C. | | | |
|--|--|-----------------------------------|---|
| (Name of the Limited | Liability Company as it now apport Florida Limited Liability Company | ears on our records.) | |
| The Articles of Organization for this Limited Liab | pility Company were filed on | July 11, 2018 | _ and assigned |
| This amendment is submitted to amend the follow | ving: | | |
| A. If amending name, enter the new name of t | he limited liability company | here: | |
| he new name must be distinguishable and contain the wor | ds "Limited Liability Company," the | e designation "LLC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if applicat | ole: | .,) | 20 |
| Principal office address MUST BE A STREET | ADDRESS) | <u> </u> | 26 J ———————————————————————————————————— |
| | | <u> </u> | 1-8-07 |
| | | 7.7 | O : |
| Inter new mailing address, if applicable: | | | <u>></u> |
| Mailing address MAY BE A POST OFFICE B | <u> </u> | | <u></u> |
| | | | <u>ထ</u> ဖ |
| 3. If amending the registered agent and/or reggent and/or the new registered office address Name of New Registered Agent: | | records, <u>enter the name o</u> | f the new regi |
| | 10486 Boynton Place Circle #8 | R31 | |
| New Registered Office Address: | <u> </u> | lorida street address | |
| | Boynton Beach | , Florida | 7 |
| | 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|--|---|
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| Effective date, if other than the date of If an effective date is listed, the date must be specinote: If the date inserted in this block does document's effective date on the Department. | ific and cann s not meet t | ot be prior to he applicat | date of film | | n 90 days at | ter filing.) Pu | | |
| e record specifies a delayed effective date, b rd is filed. | ut not an ei | ffective tim | e, at 12:01 | a.m. on the | earlier of: | (b) The 90 | th day a | ifter the |
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