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TO:

Tallahassee, FL 32314

TO: Registration So Division of Co			
SUBJECT: SOUTE	H FLORIDA REFINI	SHING, LLC. (FORMER	LY: ZEN PHOTOGRAPHY, LL
	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:	
	ROBERT L	EWIS	
		Name of Person	
	SOUTH FLORI	DA REFINISHING, L	-LC.
		Firm/Company	
	5414 N.W	1.87th TERRACE	
		Address	
	CORAL SPR	City/State and Zip Code	7
		City/State and Zip Code	
	SFREFINISH	HING @ HOTMAIL.	COM
For further information e	E-mail address; (to concerning this matter, please ca	to be used for future annual report notiful:	ication)
ROBERTL	EWIS	at (954) 260 Area Code Daytime	-7700
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addres		Street Address:	ain
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZEN PHOTOGR				
(Name of the Limite	<mark>d Liability Comp</mark> ar A Florida Limited L	ny as it now appears on diability Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L/80002691</u> This amendment is submitted to amend the follo	43	were filed on <i>No</i>	v. 19, 2018	, and assigned
A. If amending name, enter the new name of	_	lity company here:		
SOUTH FLORIDA REFINIS	HING. W-C	•		
The new name must be distinguishable and contain the we	ords "Limited Liabili	ity Company." the design	ation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		5414 N.W. 875 TERRACE CURAL SPRINGS, FL. 33067		
Name of New Registered Agent:	N/A			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	5414 NW	187 H TERRAC	reet address	<u> </u>
		SPRINGS	reet aaaress	33567 Zip Gode
		City		хир став
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this c	l agent and agre r and complete tered agent as p egistered office	performance of my oprovided for in Chap	duties, and Lam ter 605, F.S. Or	familiar with and ; if this document is

N/A
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>	Name	Address	Type of Action
NA	NA	N/A	□Add
7		/	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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_	N/A	
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ffective an effect	ate, if other than the date of filing: NA (optional) 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	.0207
<u>ote:</u> If ocumen	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste effective date on the Department of State's records.	ed as t
record s	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
Lis filed	PRIL 12, 2021	
Lis filed	Devis	
Lis filed	PRIL 12, 2021 General Signature of a member or authorized representative of a member	