## 4900015616

| Lenin Tonakan                                  |
|--|
| (Requestor's Name)                             |
| 1320 WOST WORLDY                               |
| (Addres's)                                     |
| (4)  |
| (Address)                                      |
| Daytona March To Sall (City/State/Zip/Phone #) |
| (City/State/Zip/Phone #)                       |
| PICK-UP WAIT MAIL                              |
|  |
| (Business Entity Name)                         |
|  |
| (Document Number)                              |
|  |
| Certified Copies Certificates of Status        |
|  |
| Special Instructions to Filing Officer:        |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Office Use Only



300345420653

06/03/20--01020--011 \*\*25.00

-3 [::12:

R WHITE

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ZHARION ENTE<br>(Name of the Limited Liability Compan<br>(A Florida Limited Li                                      | iv as it now appears on our records.)  ability Company)             |
|---|---|
| The Articles of Organization for this Limited Liability Company of Florida document number <u>L1900001567</u>       | were filed on IAM. 14th 2019 and assigned                           |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited liabil   | lity company here:  |
| The new name must be distinguishable and contain the words "Limited Liabili   | ty Company," the designation "LLC" or the abbreviation "L.L.C."     |
| Enter new principal offices address, if applicable:   |   |
| (Principal office address MUST BE A STREET ADDRESS)   |   |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)                             | ZHA-RION ENTERPRISE<br>1320 WESTWOOD DR<br>DA-YTONA BEA-CHIFE.3211- |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, enter the name of the new registered         |
| Name of New Registered Agent:   |   |
| New Registered Office Address:  | Enter Florida street address  |
|   | , Florida   |
|   | City Zip Code   |
| New Degistered 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    |
|--------------|----------------|-------------------|-------------------|
| MGR          | JONATHAN MATIN | 1624 E. SHANGRIL  | <del>)</del> □Add |
|              |                | DR. DAYTONA BEACH |                   |
|              |                | FL 32119.         | □Change           |
|              |                |                   | □Add              |
|              |                |                   | 🗆 Remove          |
|              |                |                   | □Change           |
|              |                |                   | □Add              |
|              |                |                   | □Remove           |
|              |                |                   | □Change           |
|              |                |                   | □Add              |
|              |                |                   | □Remove           |
|              |                |                   | □Change           |
|              |                |                   | □Add              |
|              |                |                   | □Remove           |
|              |                |                   | □ Change          |
|              |                |                   | DAdd              |
|              |                |                   | □Remove           |
|              |                |                   | □Change           |

| D. John  |
|--|
| Effective date, if other than the date of filing: D6 J0 (optional) 06 0 (2) (If an effective 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 605.020' Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. |
| he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed.   |
| Dated $06 02 2020$ ,   |
|  |
| Signature of a member or authorized representative of a member   |
| LENIN TONGKAM  |

**Filing Fee: \$25.00**