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COVER LETTER

TO: Registration S Division of Co		1,	•	
SUBJECT:	Zenith Per	Fusion LLC nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	MOHAMM	Name of Person	223 IIX 31 A	-
	1400 Villa	Firm/Company Square Plus Address	d #3261; 8	_
	Zenith P	City/State and Zip Code PEG (-US\'O\) G to be used for future annual report notif	Mail. com	
	concerning this matter, please c			
Moham	med Mulad	at (248) 894 Area Code Daytime	/33 SS e Telephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

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

Zenith Pe	Chasian L	LC		
(Name of the Limited Liabili (A Florida	ity Company as it now appears a Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability C		4/1/19	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company her	<u>·e</u> :		
Zenith Perfusion	n Sellices	<u>l</u> lc		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the de	signation "LLC" or the	abbreviation "L	.L.C."
Enter new principal offices address, if applicable:			1 12	
(Principal office address MUST BE A STREET ADDI	RESS)		<u></u>	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regis		our records, ent	er the name	of the ne
registered agent and/or the new registered office add	lress here:			
Name of New Registered Agent:				
New Registered Office Address:	 .			
	Enter Florie	da street address		
		, Florida		
	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

or removed from our records: MGR = Manager AMBR = Authorized Member Summer Nicole Pizzuti Tallahassee Fl 32312 Add ☐ Remove ☐ Change Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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f an effective date is I Note: If the date in	other than the date of isted, the date must be spenserted in this block door the Department of the Dep	cific and cannot be pri es not meet the appl	licable statutory fil	more than 90 days aft	tional) er filing.) Pu nis date will	rsuant to 60	
			-01				
ne record specif The 90th day	ies a delayed effec after the record is	tive date, but r filed.	not an effective	time, at 12:01	a.m. on	the earli	ier o
Dated _ TV MI	31 st	. 2019	<u>}</u> .				
J		_	_				

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Filing Fee: \$25.00