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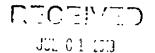
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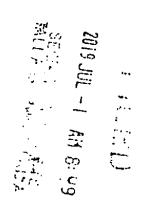
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TO:				
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SUBJE	ψ1; <u> </u>	Name of Limi	ted Liability Company	•
The enci	losed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please re	eturn all correspo	ondence concerning this matter t	o the following:	
		ZOLTAN BOGDAN		
Division of Corporations Z.O.D.O. ENTERPRISES, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ZOLTAN BOGDAN Name of Person Firm/Company 650 W POPE ROAD UNIT 276 Address ST. AUGUSTINE, FL 32080 City/State and Zip Code TAXPROFESSIONALLC@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: EVA KOVACS Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S255.00 Filing Fee Certificate of Status Certificate of Copy (additional copy is enclosed)				
Division of Corporations Z.O.D.O. ENTERPRISES, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ZOLTAN BOGDAN Name of Person				
		650 W POPE ROAD UNIT	`276	
			Address	
		ST. AUGUSTINE, FL 3208	80	
		TAXPROFESSIONALLC@		
		E-mail address: (to	o be used for future annual report notif	ication)
For furth	ner information e	concerning this matter, please ca	II:	
EVA K	OVACS			
	Name e	of Person		: Telephone Number
Enclosed	is a check for t	he following amount:		
≅ \$25.	00 Filing Fee		Certified Copy	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:	STREET/COURING Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Z.O.D.O. ENTERPRISES, LLC

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our pility Company)	records.)	·		
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on 05/06/2019)	ar	nd assi	igne
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabilit	y company here:				
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation	n "LLC" or the abb	reviati	on "1l	C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
-		<u>.</u>			
Enter new mailing address, if applicable:		-	<u></u>	~	
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	
-				=	***
B. If amending the registered agent and/or registered office	e address on our r	ecords enter t	he n	। विक्रि	of th
registered agent and/or the new registered office address here:	c addition on our .		• •	EK	:
			. : 	ςö	1_
Name of New Registered Agent:			. E # - , P	<u> </u>	
New Registered Office Address:					
	Enter Florida stree	t address		-	
		, Florida			
	City		Zip (Code	
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	rformance of my dut vided for in Chapter	ies, and I am fa 605, F.S. Or, i	imilia If this	r with docu	h ana ment

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
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		ST. AUGUSTINE, FL 32080	
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fective date, if other than the date of filing:	otional)		
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a Note: If the date inserted in this block does not meet the applicable statutory filing requirements, locument's effective date on the Department of State's records.			
e record specifies a delayed effective date, but not an effective time, at 12:0 The 90th day after the record is filed.	1 a.m. on t	he ea	rlie
ated JUNE 25TH 2019			
Signature of a member or authorized representative of a member			
ZOLTAN BOGDAN			
Typed or printed name of signee			

D. If amending any other information, enter change(s) here: (Attach adaittonal sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00