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COVER LETTER

Division of Cor	porations	•			
CUDIECT.	ZUMA (GLOBAL LLC			
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Sonia Becerra Name of Person			
		Name of rerson			
		Swyft Filings, LLC			
Firm/Company 515 Post Oak Blvd. #300					
		City/State and Zip Code filings@swyftfilings.com			

	E-mail address: (to be used for future annual report notif	ication)		
For further information e	oncerning this matter, please c	all:			
Sonia B	ecerra	at (877) 777-04	50		
	f Person	at (877) 777-04: Area Code Daytime	: Telephone Number		
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (udditional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section

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

ZUMA GLOBAL LLC

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL19000171914	were filed on	07/01/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the des	signation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	718 VAI	LENCIA AVE #2	206
(Principal office address MUST BE A STREET ADDRESS)	Miami,	FL 33134	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	718 VALEN Miami, FL 33	CIA AVE #206 134	2019 S
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		our records, enter (
Name of New Registered Agent:	· 10-1		in
New Registered Office Address:	Enter Floria	la street address	
	City	Florida	Zip Code
	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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record s The 90th	day after the	ayed effective da record is filed.	ate, but no	it an effectiv	/e time, at 1	2:01 a.m. on	the earlier of
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		Signature of a m	ember or out	orized representa	tive of a member		

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Filing Fee: \$25.00