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COVER LETTER

Tallahassee, FL 32314

TO:

	tion Section of Corporations					
Name SUBJECT:	e Amendment of RI LUX LLC					
SUBJECT:	Name of Li	imited Liability Company				
The enclosed Artic	eles of Amendment and fee(s) are so	abmitted for filing.				
Please return all co	prespondence concerning this matter	er to the following:				
	Victor Nunu					
		Name of Person	 			
	ZEUS Innovations L.L.C	2.				
		Firm/Company				
	335 Madison Cir					
		Address				
	Davenport, Florida, 338	396				
		City/State and Zip Code				
	business.deals777@gmail	l.com to be used for future annual report notifi	estions			
For further informa	ation concerning this matter, please	·	cuit <i>a</i> ,			
Victor Nunu		850 240-1262				
	Same of Person	at () Area Code Daytime	Telephone Number			
Enclosed is a check	k for the following amount:					
■ \$25.00 Filing I	Fee □ \$30.00 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 A		Street Address:	at			
Registration Section Division of Corporations		•	Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 FEB 15 AM 7: 46

RI LUX LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) . Las 12 The Articles of Organization for this Limited Liability Company were filed on $\frac{01/15/2020}{1}$ and assigned Florida document number _____L20000021948 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ZEUS Innovations L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.I.C." or the abbreviation "L.I.C." 335 Madison Cir Enter new principal offices address, if applicable: Davenport, Florida, 33896 (Principal office address MUST BE A STREET ADDRESS) 335 Madison Cir Enter new mailing address, if applicable: Davenport, Florida, 33896 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida City 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:

	Manager	· · · · · · · · · · · · · · · · · · ·				
Title	- Authorized Member <u>Name</u>	Address	2021 FEB 15 AM 7: 46	Type of Action		
		_		□Add		
				□Remove		
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		2001 ==			
Other provisions, if any: VACATIONS, TRAV	LE, SALES	2021 FEB	15 <u>Ai</u>	7:46	
To Be CHANGED to:		ø :	•		
Article III		•	• , •		
Other provisions, if any: Legal Services and Ma	nagement for Innov	rations, Trademarks.	Patents	·	
		··			
					
				-	
tive date, if other than the date of filing:	ot be prior to date of ti he applicable statuti	ling or more than 90 da		liling.) Pursuan	
ord specifies a delayed effective date, but not an effiled.	Tective time, at 12:0	I a.m. on the earlie	r of: (b)	The 90th d	ay after t
February 11th 20.	21				
9	Mit for				
Signature of a member	er or authorized repre-	sentative of a member			

Filing Fee: \$25.00