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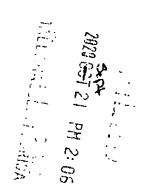
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration 9 Division of Co | | | • | |
|--|--|---|--|--|
| | PATIO LLC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | f Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all corresp | oondence concerning this matter | to the following: | | |
| | JAVIER SALAZAR CAS | TANEDA | | 7. 28 |
| | | 17.1 | | |
| | SUNSET PATIO LLC | | | 15 |
| | | Firm/Company | | - 11 2 |
| | PH 2: 06 | | | |
| | | Address | | - () AT () () () () () () () () () () () () () |
| | MIAMI LAKES, FLORID | A 33014 | | |
| | | City/State and Zip Code | | _ |
| | javiers742@gmail.com | to be used for future annual report notifi | (cation) | |
| For further information | concerning this matter, please c | | , | |
| | | 783 683-8387 | | |
| JAVIER SALAZAR CASTANEDA Name of Person | | at () | Telephone Numbe | |
| Name | or recom | Area exact Dayane | reseptione reaction | • |
| 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) | Certified | ite of Status & |
| Mailing Addr Registration Division of P.O. Box 63 Tallahassee. | Section Corporations 27 | Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL | oorations allahassee Street, Suite 8 | 310 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSET PATIO LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $^{\mathrm{JUNE}}$ 16, 2020 and assigned Florida document number ____L20000166800 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ZARMA PATIO LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 **Type of Action** Address Title Name | □Remove □ Change ☐Change -- $\square Add$ □Remove _____ DAdd _____ □Remove _____ □Change

____ Change

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| Effective date, if othe | r than the date of f | filing: | 2020 | (opti | onal) | |
| If an effective date is listed, Note: If the date inserted document's effective date. | ed in this block does n | not meet the applic | able statutory filin | ore than 90 days afte g requirements, th | r filing.) Pursi is date will r | uant to 605.0207 not be listed as |
| e record specifies a dela rd is filed. | ed effective date, but | t not an effective t | ime, at 12:01 a.m. | on the earlier of: (I | n) The 90t | n day after the |
| Dated | | | · | | | |
| | In the second | a Sch | | | | |
| | Signature (| of a member or auth | orized representative | of a member | . | |

Filing Fee: \$25.00

Typed or printed name of signee