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(Re	questor's Name)	
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Office Use Only

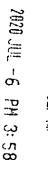


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RECEIVED
JUL 0 6 2020

AUG 1 6 2020 S. YOUNG



COVER LETTER

Tallahassee, FL 32314

	Registration S Division of Co				
THECOFOUNDERAPP LLC SUBJECT:					
Name of Limited Liability Company					
The enclo	osed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		LOVETTE DOBSON			
			Name of Person		
		INCFILE.COM LLC			
			Firm/Company	 -	
		17350 STATE HWY 249	STE 220		
			Address		
		HOUSTON, TX 77064			
		EFILE1234@INCFILE.CC			
For furthe	r information c	oncerning this matter, please c	to be used for future annual report n	otification)	
	E DOBSON	, and the second	855 829-9090		
	Name o	f Person	at () Area Code Dayt	ime Telephone Number	
Enclosed i	is a check for th	ne following amount:			
■ \$25.00	0 Filing 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 tadditional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration S Division of Co The Centre of	orporations		

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THECOM	DUNDERAPP LLC	. 🛁
(Name of the Limited Liability Co	mpany as it now appears on our recorted Liability Company)	<u>ds.)</u>
(A Florida Limi	ted Liability Company)	
		The season of th
The Articles of Organization for this Limited Liability Comp	any were filed on 06/18/2020	and assigned
Florida document number 1.20000169460	-	
i fortida document flumber		
This amendment is submitted to amend the following:		ig ig
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limited	linkility agus agus bass.	7.1
to amending name; enter the new name of the nimited	naturty company nere:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "L1	C" or the abbreviation "L.L.C."
•	The confidence of the confiden	o a me ascertation 12.12.6.
Enter new principal offices address, if applicable:		
(Delivatinal office address MHCT BE 4 CTRUET AND PECC		
(Principal office address MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
Finning Mairess BEST DE STOST OFFICE BOX)		
B. If amending the registered agent and/or registered offi	ee address on our records, anto	the name of the new posints.
agent and/or the new registered office address here:	ce address on our records, enter	r the name of the new registere
-garage and the transfer of the address nere.		
Name of New Registered Agent:		
	······································	
New Registered Office Address:		
	Enter Florida street addre	SX
	The state of the s	
	FI	lorida
	City	Zin 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 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>	Name	Address	Type of Action
AMBR	MUHAMMAD ALI ASIF ZUBERI	2234 NORTH FEDERAL HWY	□Add
		BOCA RATON, FL 33431	□Remove
			■ Change
			□Remove
			Change
			□Add
			Remove
			DAdd
			□Remove
			□ Change
		·	□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated __ JULY 1 2020

Typed or printed name of signee

MUHAMMAD ALI ASIF ZUBERI - AMBR