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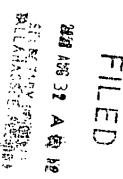
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COVER LETTER

TO: Registration S Division of Co			
ZEROPLA	AST 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	ondence concerning this matter	to the following:	
	Ivelle Hannin's	Name of Person SERVICES	
	6285 Su	Firm/Company) / J & CT Address	
	Kleaner		<u> </u>
	ivet_aleg	City/State and Zip Code 2004 Q Yahoo. to be used for future annual report noti	es fication)
For further information	concerning this matter, please c	all:	
Trette (Jazouez	at (786) 468	6402
Name	of Person	Area Code Daytim	e Telephone Number
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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			Certified Copy

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 $\frac{07/13/2020}{1}$ and assigned Florida document number L20000200727 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MIAMI BOAT VIBEZ LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida City

New Registered Agent's Signature, if changing Registered Agent:

ZEROPLAST LLC

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
AMBR	Alejandro Jose Chavez	455 NE 24th St Apt. 228, Miami FL 33137	= Add
			🗆 Remove
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fective date, if other than the da n effective date is listed, the date must be ste: If the date inserted in this block cument's effective date on the Depar	specific and cannot be prion to the specific and cannot be prior to the applications.	r to date of filing or cable statutory fi	r more than 90 days	optional) after filing.) Pursuant t this date will not b	to 605.020 e listed a
cord specifies a delayed effective da is filed.	ate, but not an effective (ime, at 12:01 a.r	n. on the carlier of	ii (b) The 90th day	/ after the
	2020		1		
august 20		. n	$\mathcal{N}^{\mathcal{C}}$		
AUGUST 20	nature of a member or auth	orized representat	ive of a member		_