## 420000324229

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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration S Division of Co	rporations	
SUBJECT:	HEMNA_ DI	EVINE BY ZAYN LLC Limited Liability Company
	Name of	Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are	submitted for filing.
Please return all correspondent	ondence concerning this ma	tter to the following:
		Anniter Bhancher Name of Person
	1-	eener - Devine By ZAYN LLC
	<u>5831</u>	John Anderson Huy Address
	FLO	City/State and Zip Code  19 ppy 17-16 (D) yahoo. (M)  ss: (to be used for future annual report notification)
	E-mail addre	ss: (to be used for future annual report notification)
For further information of	concerning this matter, pleas	
Name o	inter Blum of Person	at (386) 86427-91  Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certified copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration Section
Division of C P.O. Box 632	Corporations	Division of Corporations The Centre of Tallahassee
1 (U. DUX 032	. 1	THE CERTE OF Lattanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HENNA.	- DEVIKE BY ZAYN LLC
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on Floride and assigned
Florida document number <u>L2000032422.9</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
(Starme) HENNA - DEVINE BY Z. The new name must be distinguishable and contain the words "Limited Liabi	AYN LLC.  lity 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)	1716 Ocean shore Blud Ormand Beach, FL 3217
	_ Ormand Beach, FL 3217
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	5839 John Anderson Hu Flagler Beach, E132136
	Flagler Beach, F132136
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	iiterben Alpesh Bhanicher
	iterben Alpesh Bhancher  Tohn Anderson Ity  Enter Florida street address
- Fla	Slev Beach, Florida 32136  City Zip Code
Many Domintoned Assessed Cinesians (Cal. 11 D. 14 1 1 4	

## 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 of 21 Fig. 2:16	Type of Action
AMBR	Amitaben Blumcher	53:39 John Anderson/	Add A
		Flagler Beach, FL 32136	
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MER	Devani Yosita P		□Add
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