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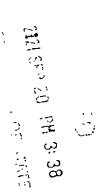
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## **COVER LETTER**

TO: Registration S Division of Co		,	-
305 IDEA SUBJECT:	S LLC	·	, .
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Marcela Bottinelli		
		Name of Person	
	MB7 CORPORATE SER	VICES LLC	
		Firm/Company	<u> </u>
	777 Brickell Ave Ste 1210	)	
		Address	
	Miami, FL 33131		
		City/State and Zip Code	<del></del>
	mbottinelli@uhy-macho.co		
For further information	E-mail address: ( concerning this matter, please o	(to be used for future annual report no	tification)
Marcela Bottinelli	, p. –	305 503-2700	
Nama	of Person	at ()	T-1-1
Hanic	or i cison	Arca Code Daytir	nc 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)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63:	Section Corporations	Street Address: Registration So Division of Co The Centre of	rporations
Tallahassee,			pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

305 IDEAS LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited )	ny as it now appears on our records.) Liability Company)	<del> </del>
The Articles of Organization for this Limited Liability Company	were filed on 11/16/2020	and assigned
Florida document number 1.20000360922		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ZIEL 305 LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	4100 Salzedo St Suite 17, Coral Gables, F	L 33146
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	4100 Salzedo St Suite 17, Coral Gables, F	L 33146
(Mailing address MAY BE A POST OFFICE BOX)	****	
		<del></del>
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name	of the new registered
agent and/or the new registered office address here:		
Nome of Nov. Designated A.		_
Name of New Registered Agent:		
New Registered Office Address:		<u> 2</u>
	Enter Florida street address	123
	, Florida	
	City	Zip Colle
New Registered Agent's Signature, if changing Registered Agent:		့် ယ္
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I further agre	e 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

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
MGR	Alfredo Catala Padilla	Herrerias 96 Col San Andres Totoltepec Alcaldia	□Add
		Tlalpan CP 14400 CDMX, Mexico	■Remove
			□Change
MGR	Gunter Hermanni	2475 Brickell Ave Apt TS01, Miami, FL 33129	■Add
		□Remove	
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
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			□Remove
			Change

J. II a	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e	tive date, if other than the date of filing:
he reco	ord 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 iled.
Dates	SEFTEMBER 10TH , 2021.
	Signature of a member of authorized representative of a member
	Typed or printed name of signee