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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Zembia T. Akins Name of Person
Enteroperation Firm/Company
4211 Maryners Cove Ct. Apt. 201
City/State and Zip Code Contakin Scognosii. C
For further information concerning this matter, please call:
Zerboia T. Alcins at (305) 810.7704 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$555.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

Grooms by	zen	
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on 1421	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)	
B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:	sistered office address on our records, <u>enter the nan</u> <u>here</u> :	ne of the new registere
New Registered Office Address:		1 - 4
	Enter Florida street address	至了
	, Florida	Zip Code U
		·

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>	<u>Name</u>	Address	Type of Action
MGR	Zendora T. Akins	4211 movemers Cove Ct	·_ CDAdd
		Apl. 201 Torupa, FL	□Remove
		33610	Change
AMER	Zenobia T. Akins	4211 Moreners Covect	. EAdd
		Apl. 201 Tampa, FL	□Remove
		33610	□ Change
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ective date, if other than effective date is listed, the date is listed in the effective date on the effective date on the effective date.	e must be specific a iis block does no	and cannot be prior t meet the applica	to date of filing or me able statutory filing	ore than 90 days after g requirements, this	filing.) Pursuant to 605.020
cord specifies a delayed eff filed.	ective date, but n	not an effective ti	me, at 12:01 a.m. c	on the earlier of: (b) The 90th day after th
ed January	20	., 202	<u>L</u> .		
)	Your	f-OWo	(X)		
			rized representative		