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COVER LETTER

TO:

Registration Section

Divis	sion of Cor	porations		
SUBJECT.	Zbytniewsk	i Company LLC		•
SUBJECT: _	<u>-</u>	Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	all correspo	ndence concerning this matter	to the following:	
		Matthew Zbytniewski		
			Name of Person	
		-	Firm/Company	
		212 ROCKWOOD WAY		
			Address	
		Englewood/FL/34223		
			City/State and Zip Code	
		matthewzbyt@gmail.com	to be used for future annual report no	07-13-1
For further inf	formation co	n-mail address. (o	•	micauon)
Matthew Zby	tniewski		315 717-5835	
	Name of	Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a	check for th	e following amount:		
≡ \$2 5.00 Fi	ling 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 (additional copy is enclosed)
	ing Address		Street Address: Registration Se	ection
Registration Section Division of Corporations		Division of Corporations		
Divi P.O.		orporations 7	The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIED

Zbytniewski Company LLC

2022 JUL 25 PH 1: 27

(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 $\frac{01/19/2}{}$	021	and assigned
Florida document number L21000034772			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design	nation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
	•••		<u> </u>
Enter new mailing address, if applicable:		. ,	
(Mailing address MAY BE A POST OFFICE BOX)		· 	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our recor	ds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·
	Enter Florida si	treet address	
		, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	С.		mp com

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 Zachary Zbytniewski		212 ROCKWOOD WAYENGLEWOOD, FL 34223	3 ≣Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
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			Change
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F. E. C.	in date if other than the date of Clina.
Note:	ive date, if other than the date of filing:
the reco	rd 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.
	07/18/2022
Dated	MURZ
	Signature of a member or authorized representative of a member
	Matthew Zbytniewski
	ONSTRUCT A DVIDIOUSKI