Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086 Phone : (916)576-7000

Fax Number : (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLACK ZEN LLC

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Corporate Filing Menu

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To: 18506176383 From: 19165767036 Date: 07/29/21 Time: 9:40 AM Page: 03/05

ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

			;
BLACK ZEN LLC (Name of the Limited	Liability Company as it now apper	ers on our records.)	
(A	Florida Limited Liability Company,	1	
The Articles of Organization for this Limited Liab	ility Company were filed on _	01/29/2021	and assigned
Florida document numberL21000054122			;
	ina-		
This amendment is submitted to amend the follow			
A. If amending name, enter the new name of t	he limited liability company	<u>here</u> :	•
		Assignation "I I C" or the sh	shreviation "L.L.C."
The new name must be distinguishable and contain the wor	ds "Limited Liability Company, "th	e designation LLC Or Lize to	1
Enter new principal offices address, if applical	ble:		- Top
(Principal office address MUST BE A STREET			
			90 N
			\$20 Jo
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
•			= 6
B. If amending the registered agent and/or re	adstored office address on ou	r records, enter the nai	ne of the new registered
B. If amending the registered agent and/or reagent and/or the new registered office address	s here:	· <u>-</u>	1
Name of New Registered Agent:	Gonzalo Carranza		
	13025 SW 112TH ST		
New Registered Office Address:	Enter	Florida street address	£-
	MIAMI	, Florida _	33186
	City		Zip Cour
New Registered Agent's Signature, if changing I	Registered Agent:	. real	and to comply with the
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the	er and complete perjormane	in Chanter 605, F.S. O	r, if this document is
company has been notified in writing of this	change.		

If Changing Registered Agent Senature of New Registered Agent

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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 Type of Action <u>Address</u> Name Title 13025 SW 112th of ______ DAdd Liliana Barboza AMBR Miomi, FL 33186-460 & Remove _ Change 13025 54 112th st pladd Gorala Carranza AMBR Miami, FL 33186 - 460 PRemove Remove □Change Remove _____ □Remove <u>i</u> □Add _____ ☐Remove _____ Change

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