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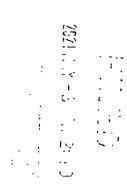
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COVER LETTER

Division of Cor	porations		,
SUBJECT:	ZACHS 7LO Name of Lim	RIDA LLC	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ZACIT	ARY T. GARDEN Name of Person	
	ZAC	Firm/Company	
	2187	1 Siesm Deive	· · · · ·
	SAR	City/State and Zip Code	
	ACCUUNTING E-mail address: (1	E GARDEN BROSCIA to be used for future annual report notific	ation)
For further information co	oncerning this matter, please co	·	
John H. Name of	WHITELD Person Registered, Agant	at (941) 400 T Area Code Daytime	Y-72- Telephone Number
Enclosed is a check for th	e 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 Filing Fee, Certificate of Status & 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

ZACHS	TLORION LL	2	
	y Company as it now appears on Limited Liability Company)		
The Articles of Organization for this Limited Liability Co Florida document number <u>L21060157657</u>	ompany were filed on	4/5/2021 ar	id assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
ZACK 72	LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the design	ation "LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:			• • •
(Principal office address MUST BE A STREET ADDR.	ESS)	· ·	<u> </u>
		٠,	
Enter new mailing address, if applicable:		- -	<u>ಟ</u>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered	office address on our recor.	ds. enter the name of th	e new revistered
agent and/or the new registered office address here:	office dadies of our record	enter the name of th	e new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st	reet address	
		, Florida	
	City	Zip (lode

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:

<u>Title</u>	Authorized Member Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			☐ Remove
			□Change
			□Add
			☐ Remove
			□Change
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			□Remove
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fective date, if other than the date of filing in effective date is listed, the date must be specific and ote: If the date inserted in this block does not not undertally effective date on the Department of Security.	d cannot be prior to meet the applicab	date of filing or more	doption (option) than 90 days after fequirements, this	tita in cons	ant to 605.02 ot be listed
ecord specifies a delayed effective date, but not is filed.	; an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th	day after th
ted APRIL 27, 20	,2				
Selutti	Dulliel	ed representative of a			

Filing Fee: \$25.00