LZ1000171634

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O SIMMONS JUN 1 6 2021

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: ZahZ	Sah Express L	LLC ited Liability Company	
	Amendment and fee(s) are sub indence concerning this matter		
	Bianca	Brown Name of Person	
	ZahZah	Express LLC	
		Address	
		City/State and Zip Code SS Q9MG/1, Com to be used for future annual report notil	
For further information c	E-mail address: (oncerning this matter, please ca		ication)
Bianca Name o	Brown f Person	at (850) 567-0 Area Code Daytimo	28 George Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Zah Zah Express LLC	2022 HAY	10 PK 6:15
Zah Zah Express LLC (Name of the Limited Liability (A Florida L	Company as it now appears on o imited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 21000171634</u>	mpany were filed on <u>Apri</u>	1 13, 2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(<u>Principal office address MUST BE A STREET ADDRE</u>	<u>(SS)</u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our record	ls, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida su	eest address
	Enter i tortag sir	
	City	, Florida Zip Code

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>	2072 MAY 10 PH 6: 15 Address	Type of Action
AMBR	Rahsneik Henry	1950 N. Point Blud #1103	□Add
		1950 N. Point Blud #1103 Tallahassee, Fl 32308	[L.Remove
			Change
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	2022 MAY 10 Pil 6: 15
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and or Note: If the date inserted in this block does not me document's effective date on the Department of Sta	(optional) annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) et the applicable statutory filing requirements, this date will not be listed as the ste's records.
e record specifies a delayed effective date, but not a rd is filed.	n effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated May 6	2021
B. Brows	ember or authorized representative of a member
Bianca Brown	ember of authorized representative of a member
Rianca Brown	yped or printed name of signee