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SECRETARY OF STATE

7021 SEP 20 PM 2: 5

## COVER LETTER

SUBJECT:    Name of Limited Liability Company	TO: Registration Sec Division of Corp				
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  ROBERTO ALBERRO  Name of Person  ZENIX PROPERTIES, LLC  Firm/Company  8000 SW 117 AVENUE, SUITE PH-G  Address  MIAML FL 33183  City/State and Zip Code  ROBERT@ABACUSRX.COM  E-mail address: (to be used for future annual report notification)		PERTIES, LLC			
Please return all correspondence concerning this matter to the following:  ROBERTO ALBERRO  Name of Person  ZENIX PROPERTIES, LLC  Firm/Company  8000 SW 117 AVENUE, SUITE PH-G  Address  MIAMI, FL 33183  City/State and Zip Code  ROBERT@ABACUSRX.COM  E-mail address: (to be used for future annual report notification)	SUBJECT:	Name of Limit	ted Liability Company		
Name of Person  ZENIX PROPERTIES, LLC  Firm/Company  8000 SW 117 AVENUE, SUITE PH-G  Address  MIAMI, FL 33183  City/State and Zip Code  ROBERT@ABACUSRX.COM  E-mail address: (to be used for future annual report notification)	The enclosed Articles of a	Amendment and fee(s) are subr	mitted for filing.		
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Firm/Company  8000 SW 117 AVENUE, SUITE PH-G  Address  MIAMI, FL 33183  City/State and Zip Code  ROBERT@ABACUSRX.COM  E-mail address: (to be used for future annual report notification)			Name of Person		
Address  MIAMI, FL 33183  City/State and Zip Code  ROBERT@ABACUSRX.COM  E-mail address: (to be used for future annual report notification)		ZENIX PROPERTIES, LL	С		
Address  MIAMI, FL 33183  City/State and Zip Code  ROBERT@ABACUSRX.COM  E-mail address: (to be used for future annual report notification)		-	Firm/Company		
City/State and Zip Code  ROBERT@ABACUSRX.COM  E-mail address: (to be used for future annual report notification)		8000 SW 117 AVENUE. S	SUITE PH-G		
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E-mail address: (to be used for future annual report notification)			City/State and Zip Code		
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	For further information c	oncerning this matter, please ea			
ROBERTO ALBERRO 305 989-5006 at ()	ROBERTO ALBERRO		at (		
Name of Person Area Code Daytime Telephone Number	Name o	f Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for the following amount:	Enclosed is a check for the	ne following amount:			
(additional copy is enclosed) Certified Copy	■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &	
Mailing Address:  Registration Section  Street Address:  Registration Section				ection	
Division of Corporations Division of Corporations			Division of Corporations		
P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 SEP 20 PM 2: 56

ZENIX PROPERTIES, LLC

SECRETARY OF STATE TALLAHASSEE, FLORE

(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  $\frac{4/26/2021}{2}$ and assigned Florida document number L21000191001 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_. Florida \_\_\_ Cire

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	GABRIEL N ALBERRO	8000 SW 117TH AVE, SUITE PH-G	
<del> </del>		MIAMI FL 33183	■Remove
			[]Change
MGR	ORLANDO ALBERRO	8000 SW 117TH AVE. SUITE PH-G	<b>=</b> Add
		MIAMI, FL 33183	□Remove
			□Change
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