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21 SEP -7 PH 3: 13

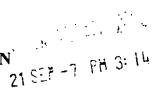
COVER LETTER

то:	Registration Sec Division of Corp				
		ZELDAS LLC			
SUBJE	CI:				
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspor	ndence concerning this matter	to the following:		
		SE	LDA YANKO		
			Name of Person		
		ZE	LDAS LLC		
			Firm/Company		-
		19370 COLLINS AVE AF	PT 605		
			Address		
		MIAMI, FL 33160			
					
		seldayanko@gmail.com	to be used for future annual report notifi	cation)	
For fur	ther information co	oncerning this matter, please ca		,	
SELD	A YANKO		786 925 0669		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclos	ed is a check for th	e following amount:			
□ \$ 2	5.00 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	s:	Street Address:		5

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 21 SET - 1



	ZELDAS LLC		
(Name of the Limit	ted Liability Company as it now apper (A Florida Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited L Florida document number	iability Company were filed on _	AUGUST 18, 2021	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company b	<u>ere</u> :	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	ET ADDRESS)	· 	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
	44		
B. If amending the registered agent and/or agent and/or the new registered office addre		records, <u>enter the nam</u>	e of the new register
Name of New Registered Agent:	SELDA YANKO		
New Registered Office Address:	Enter Fl	orida street address	
		, Florida	
	City		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 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 21 SEP -7 PH 3: 14

<u>Title</u>	Name	Address	Type of Action
MGR	SELDA YANKO	19370 COLLINS AVE APT 605 MIAMI, FL 33160	□Add
			□Remove
			🖪 Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
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			🗆 Add
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			Change
			□Add
			🗆 Remove
			□Change

Tective date, if other than the date of filing: (optional) In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605/02 date; If the date inserted in this block does not meet the applicable statistory filing requirements, this date will not be listed exament's effective date on the Department of State's records. State 3.1 202.1 Signature of a member or authorized representative of a member											* 1	٠,	,	. 2
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