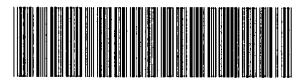
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COVER LETTER

TO:

TO: Registration Se Division of Cor			,	
eun inzer		PRISES LLC	•	
SUBJECT:		ited Liability Company		-
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MARIA JO	OSE DEZZOSO DOS SAN	TOS	
		Name of Limited Liability Company ent and fee(s) are submitted for filing. oncerning this matter to the following: MARIA JOSE DEZZOSO DOS SANTOS Name of Person Firm/Company 5649 TAFT STREET Address HOLLYWOOD, FL, 33021 City/State and Zip Code E-mail address: (to be used for future annual report notification) this matter, please call: S SANTOS at (
		Firm/Company		_
	56	649 TAFT STREET		
		Address		
	но	LLYWOOD, FL, 33021		
		City/State and Zip Code		_
	E-mail address: (to be used for future annual rep	ort notification)	-
For further information c	concerning this matter, please c	ali:		
MARIA JOSE DEZZOSO DOS SANTOS			556-6270	
Name o	ri Person		Daytime Telephone Numl	ber
Enclosed is a check for t	he following amount:			
⊠ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certifi d) Certifi	cate of Status & ed Copy
Mailing Address Registration				
Division of C	orporations	-		
P.O. Box 632 Tallahassee,				. 010
rananassee,	しし ンとントサ	2410 N. W	Ionroe Street, Suite	OIU

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

VZZ ENTERPRISES LLC

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	Name of the Limited Liabil (A Florid	lity Company as it now appea a Limited Liability Company)	rs on our records.)		
The Articles of Organization for Leading The Articles of Organization for Leading Inc.	r this Limited Liability (_21000380241	Company were filed on	08/25/2021	and assigned	
This amendment is submitted to	amend the following:				
A. If amending name, <u>enter t</u>	he new name of the lin	nited liability company h	ere:		
The new name must be distinguishable	e and contain the words "Lir	mited Liability Company," the i	designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices ad	dress, if applicable:				
(Principal office address MUS)	T BE A STREET ADD	RESS)			
Enter new mailing address, if (Mailing address MAY BE A P	• •				
B. If amending the registered agent and/or the new registere	agent and/or registere ed office address here:	ed office address on our r	ecords, <u>enter the nam</u>	e of the new regis	
Name of New Register	red Agent:	MARIA JOSE DEZZOSO DOS SANTOS			
New Registered Office Address:	: Address:	5649 TAFT	STREET		
		Enter Flo	rida street address		
	<u>-</u>	HOLLYWOOD	, Florida	33021	
		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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address $21^{\frac{1}{12} - \frac{1}{12} + \frac{1}{12} + \frac{1}{12} + \frac{1}{12} = \frac{1}{12}$	6 2
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		Signature of a m	emboc or auth	orized represer	ntative of a mei	nber		-
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