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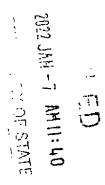
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COVER LETTER

Division of Cor			
Zariane LL	C		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jacqueline Quiroga		
		Name of Person	
	ZenBusiness INC		
		Firm/Company	
	5511 Parkerest Drive STE	103	
		Address	
	Austin, Texas, 78731		
		City/State and Zip Code	
	fulfillment@zenbusiness.co E-mail address: 0	om to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	,	,
Jacqueline Quiroga e/o Z	ZenBusiness INC	844 493-6249 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne 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 Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Corr	

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

Zariane LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Diability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000460476}{L21000460476}$	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2423 SW 147th Ave	
Principal office address MUST BE A STREET ADDRESS)	#2036	
	Miami, FL 33186	
Enter new mailing address, if applicable:	2423 SW 147th Ave	
Mailing address MAY BE A POST OFFICE BOX)	#2036	
	Miami, FL 33186	1022 Se
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the na	
Name of New Registered Agent:		AMII: 40 OF STATE
New Registered Office Address:	Enter Florida street address	TATE O.
	, Florida Cin:	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>	Address	Type of Action
AMBR	Rene Gutierrez	2423 SW 147th Ave	
		#2036	□Remove
		Miami, FL 33185	
			□Add
			Remove
			□Change
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Dec at 12 to 5				
Effective date, if other than the offen effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ick does not nieet the applic	able statutory filing re	(optional) han 90 days after filing.) Purs quirements, this date will	suant to 605.0207 not be listed as
e record specifies a delayed effective rd is filed.	date, but not an effective ti	ime, at 12:01 a.m. on th	ne earlier of: (b) The 90t	h day after the
January 3rd		·		
Dated				
		ierrez	mambar	
	/s/ Rene Gut/ Signature of a member or author	ierrez orized representative of a	member	

Filing Fee: \$25.00