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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Col			,	
ZYP LLC SUBJECT;				
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	-		
	CARLOS J BARBOSA			
	<u> </u>	Name of Person		
	MATRIX INTL. BUSINE	SS CONSULTING ELC		
		Firm/Company	 .	
	759 SW FEDERAL HIGH	IWAY SUITE 304		
		Address		
	STUART, FL, 34994			
		City/State and Zip Code		
	INFO@MATRIX-USA.US			
For further information c	e-mail address: (concerning this matter, please c	to be used for future annual report no all:	otification)	
CARLOS J BARBOSA	0 .,	561 19029038		
Name of Person		at () Area Code Daytime Telephone Number		
Enclosed is a check for the	he 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 Registration		Street Address: Registration S	ection	
Division of C		Division of Co		
P.O. Box 632		The Centre of	Tallahassee	
Tallahassee,	ru 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ZYPIJC

2021 DEC 10 AT 9: 10

211 13.05			<u> </u>		
(<u>Name of the Limited Liabi</u> (A Flori	pility Company ida Limited Lia	<u>as it now :</u> bility Comp	appears on our pany)	records.)	TRISTICE
(A Flori The Articles of Organization for this Limited Liability	Company w	ere filed o	m 11/23/2021		and assigned
Florida document number 1.21000502975	Company n	cre mea v	JII		and assigned
Torida document number	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	<u>mited liabili</u>	ty compa	ny here:		
The new name must be distinguishable and contain the words "Li	imited Liability	y Company.	" the designation	n"LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	DRESS)			·=-	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or register agent and/or the new registered office address here: Name of New Registered Agent:		dress on	our records,	enter the	name of the new register
New Registered Office Address:					
		Ent	er Florida street	address	
				Florida	a
	•	City	-	_	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:				
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	l complete p 'agent as pr rred office a	erforman ovided fo	ce of my duti r in Chapter	ies, and L 605, F.S.	am familiar with and Or, if this document is
	If Chang	ing Register	red Agent, <u>Sign</u> :	ature of Nev	s 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	YANEZ BARAQUETT, YULIA C	7634 RECIFE DR KISSIMMEE, FL. 34747	□Add
			□Remove
			■ Change
			□Add
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Note:	ive date, if other than the date ective date is listed, the date must be staff the date inserted in this block dent's effective date on the Department.	oes not meet the applic	able statutory filing		
the recor	d specifies a delayed effective date led.	:, but not an effective ti	ime, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
Datad	DECEMBER 3RD	2021	. //		

Filing Fee: \$25.00

Typed or printed name of signee