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COVER LETTER

TO:	Registration S Division of Co			· • • • • • • • • • • • • • • • • • • •
		Z OF ORLANDO LLC		
SUBJEC	CT:			
The encl	losed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		DAVID K. BENNION		
			Name of Person	
		ZEROREZ OF ORLANDO	O, LLC	
			Firm/Company	
		225 SAMPSON WAY		ZDZ3 JUL 27
			Address	
		SAINT AUGUSTINE, FL	, 32092	(1)
			City/State and Zip Code	THE STATE OF THE S
		Dbennion@zerorez.com		
		E-mail address: (to be used for future annual report not	tification)
For furth	ner information	concerning this matter, please c	all:	
David K	I. Bennion		904 891-0631	
	Name	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed	d is a check for	the following amount:		
≅ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Co		
	P.O. Box 63	•	The Centre of	-
Tallahassee, FL 32314			2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our records. d Liability Company))
ny were filed on January 4, 2022	and assigned
ability company here:	
bility Company," the designation "LLC"	or the abbreviation "L.L.C."
	2028 JU
	27
e address on our records, <u>enter tl</u>	he name of the new register
Enter Florida street address	
Ela:	rida
	ability company here: ability Company," the designation "LLC"

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Owner A488.	. Tanner Smith	6270 Edgewater Drive, STE 4300, Orlando FL, 3281	0 ≣ Add
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			□Change
			□Add
			□Remove
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		2023 JUL 27 SETTA A	Add
		27 PH 3: 0	Remove
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		17.		
ective date, if other than the date of filing:	-	(optional)		
effective date is listed, the date must be specific and cannot be prior to date of fie. If the date inserted in this block does not meet the applicable statut	iling or more than 90 d ory filing requireme	ays after filing ents, this date	.) Pursua will no	ant to 605.0 at be listed
ument's effective date on the Department of State's records.				
cord specifies a delayed effective date, but not an effective time, at 12:6 stiled.	01 a.m. on the earli	erof:(b) Th	ne 90th	day after
, tited.				
ed 7/24/23				
ed 7/24/23	•			
ed 7/24/23 Signature of a member or authorized repre	,			