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Cf 3/4/2022

COVER LETTER

TO: Registration So Division of Cor			
Zesta Life I SUBJECT:	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
	FILINGS DEPARTMENT		
		Name of Person	
	BETTERLEGAL SOLUTI	ONS LLC	
		Firm/Company	
	750 North Saint Paul St Su	ite 250, PMB 35833	
	4.00 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	Address	
	Dallas, TX 75201		
		City/State and Zip Code	
	FILINGS@BETTERLEGA	L.COM to be used for future annual report notifi	
For further information of	encerning this matter, please or		canon)
FILINGS DEPARTMEN		512 9692339	
Name of Person		at () Area Code Daytime	Telephone Number
Enclosed is a check for t	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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 FEB 28 PM 3: 01

Zesta Life LLC

SECRETARY OF STATE
TALL AHASSEE. FL
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/5/2022 and assigned Florida document number L22000013801

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

____, Florida <u>__</u>

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
MGR	Ad Worldwide LLC	106 JACKSON AVE APT 2	□ Add
		MINEOLA, NY. 11501 US	□ Remove
			■ Change
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		- .	Remove
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			☐ Remove
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record specifies a delayed		ot an effective time,	at 12:01 a.m. on t	he earlier
The 90th day after the reco				
	. 2022			
led	2022 . Signature of a member or auth	orized ruprysemultive of a r	nember	
The 90th day after the reco	Signature of a member or auth	orizedrepresentative of a r	nember	

Page 3 of 3

Filing Fee: \$25.00