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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divi	ision of Cor	porations			
OTO IPZYE		Bruno LLC			
SUBJECT:		Name of Lim	ited Liability Company		
cres a s			cur is a sign		
The enclosed	Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Michael Dempsey			
			Name of Person		
		ZenBusiness Inc.			
			Firm/Company		
		5511 Parkerest Drive Suite	103		
			Address		
		Austin, Texas, 78731			
			City/State and Zip Code		
		fulfillment@zenbusiness.co			
		E-mail address: (to be used for future annual report noti	ification)	
For further in	formation c	oncerning this matter, please ca	all:		
Michael Den	ipsey c/o Ze	nBusiness Inc.	844 493-6249		
	Name o	l'Person	at () Area Code Daytim	ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling 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)	
	ling Addres		Street Address:		
	gistration S		Registration Se		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 FEB 28 AM 7: 50

Annamarie Bruno LLC	6565	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company) 1A11	OSSELE:
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.22000038933}{}$.	were filed on 2022-01-20	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:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	111 West Main Street	
Principal office address MUST BE A STREET ADDRESS)	Suite 207B	
	Inverness, FL 34450	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office : agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori , City	ida

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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/s/ Annamarie Bruno									
Signature of a member or authorized representative of a member	is filed.	ebruary 23		2022	·				
	is filed.		Bruno						

Filing Fee: \$25.00