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DECKETARY OF SEA

COVER LETTER

TO:

TO: Registration So Division of Co			
Z Louisian	a Holdings, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Zane Williams		
		Name of Person	
	z Louisiana Holdings	LLC.	© \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		Firm/Company	
	PO BOX 488		
		Address	
	Winter Park, Fl 32790		
		City/State and Zip Code	
	chanel@zpropertiesinc.com		
	E-mail address: (to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
Chanel Vicari		407 949-8639 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Address		Street Address:	ation
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of	•
Tallahassee. 1	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Z Louisiana Holdings, LLC

company has been notified in writing of this change.

2022 MAY 19 AM 8: 30

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company were filed on January 21, 2022 Florida document number 1.22000041034	and assigned
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 "L.E.C."
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 agent and/or the new registered office address here:	name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florid	la Zip Code
	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 provisions of all statutes relative to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.	am familiar with and

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	<u>Address</u>	Type of Action
MGR	Chanel Vicari	219 W. Comstock Avenue	□Add
		Winter Park, FL 32789	\bullet Remove
			[J Change
MGR	Zane Williams	219 W. Comstock Avenue	= Add
		Winter Park, FL 32789	□Remove
			□Change
AR	Chanel Vicari	219 W. Comstock Avenue Winter Pank, Fl. 32789	□Add
		Winter Pank, FC. 32789	□Remove
			□Change
			□Add
			□Remove
			□Change
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Effective date, if other than the date of filing:		18	
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rated May 17		2022				
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