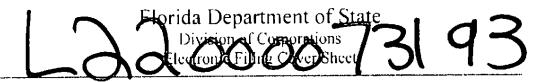
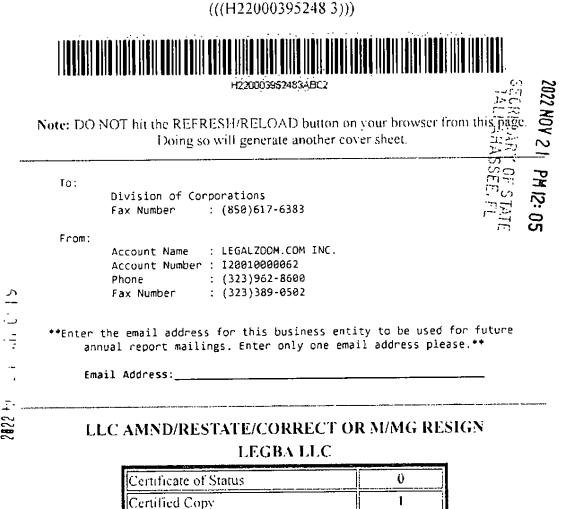
11/19/22, 12:01 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.



C. BRUMBLEY

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COVER LETTER

TO:	Registration Se Division of Cor						
CHRIE	LEGBA LI						
SUBJE	CT:	Name of Limi	ted Liability Company				
		Amendment and fee(s) are subr					
Please r	eturn all correspe	ndence concerning this matter to Cheyenne Moseley	o the following:				
			Name of Person				
		Legalzoom.com, Inc.					
			Firm/Company				
		101 N Brand Blvd 11th Fl					
		Address					
		Glendale, CA 91203					
		City/State and Zip Code					
			o be used for future annual report not	(fication)			
For furt	her information c	oncerning this matter, please ca	d1:				
Cheyer	me Moseley		800 773-0888				
-	Name (d'Person	at () Area Code Daytin	ie Telephone Number			
Enclose	ed 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)			
	МАН	ING ADDRESS:	STREET/COUR	IER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEGBA LLC			
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our record Liability Company)	<u>ls.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000073193</u>	were filed on 02/14/2022	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:	ZOZZ NOV	
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC	" or the abbreylation "LC"	
Enter new principal offices address, if applicable:	14660 Madison Pl	SEG ₹ III	
(Principal office address MUST BE A STREET ADDRESS)	Davie, FL 33325	<u> </u>	
		05	
Enter new mailing address, if applicable:	14660 Madison Pl		
(Mailing address MAY BE A POST OFFICE BOX)	Davie, FL 33325		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	office address on our record	ds. <u>enter the name of the ne</u>	
New Registered Office Address:	EnterFloridustreetaddress		
		lorida	
	Ciŋ	ZipCode	
New Registered Agent's Signature, if changing Registered Agent			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete	ree to act in this capacity. I fi e performance of my duties, a	urther agree to comply with th and I am familiar with and	

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:

LegalZoom.com, Inc.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	BEROTTE, RODY	14660 Madison Pl	D Add
		Davie, FL 33325	☐ Remove
			■ Change
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Note: 1	ve date, if other than the date of filing:	ica as in
The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 90th day after the record is filed.	ier of:
Dated ₋	08/08/2022 Rignature of a member or authorized representative of a member	
	Rody Berotte	
	Typed or printed name of signee	

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Filing Fee: \$25.00