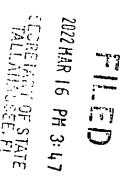
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A. BUTLER

### **COVER LETTER**

Division of Corp	orations		
NoveBlue Li	ı.c.		
SUBJECT:	Name of Limited	I lability Company	
The enclosed Articles of A	mendment and feets) are submit	ted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Fabrizio Lengua		
		Name of Person	
	ZenBusiness INC.		
		Lirm Company	
	5511 Parkerest Dr. Suite 103		
		Address	
	Austin, IX 78731		
		hty State and Zip Code	
	fulfillment@zenbusiness.com		
		e used for future annual report	not(ficution)
For further information co	ncerning this matter, please call:		
habrizio Lengua		512 237 734 at ()	
Name of	Person	Area Code Da	ytime Telephone Number
Enclosed 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FT, 32303

# ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION OF 2022 HAR 16 PH 3: 47

(A Horid	a Umited Embility Company)		
The Articles of Organization for this Limited Liability C Florida document number 1.22000083399		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	aited liability company here:		
The new name must be distinguishable and contain the words "I in	nited Liability Company." the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		· •-	
(Principal office address MUST BE A STREET ADD)	RESS)		
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter t</u> l	he name of the new regist	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Frontika street address		
	Flor	rida Zip Code	
	$C\eta y$	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 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>	Name	Address	Type of Action
AMBR	Kelsey Sweeting JR	331 N State Rd 7 Plantation, FL 33317	
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			□Change
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			□Remove
<del></del>			□□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		• — — — — — — — — — — — — — — — — — — —	□Remove
			□Change
			□Add
			□Remove
			C) (Characteristics)

### Page 2 of 3

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Effective date, if other than the off an effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Discourse	ock does not meet the ap	plicable statutory fil	(optional more than 90 days after filing ing requirements, this date	) 30 Pursuant to 605.0207 (3)( 2 will not be listed as the
the record specifies a delayed ) The 90th day after the rec		not an effective	time, at 12:01 a.m.	on the earlier of:
Dated 03/11	2022			
		ane Wijman		

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Filing Fee: \$25.00