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(Address)				
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(City/State/Zip/Phone #)				
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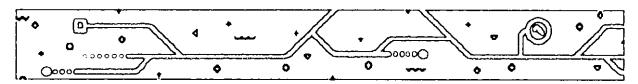


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of 9/1/2022



## zenbusiness

Jun 10, 2022

Florida Secretary of State Division of Corporations 2415 N Monroe St Suite 810 Tallahassee, FL 32303

RE: Implosion LLC

To Whom It May Concern:

Attached please find the executed <u>Articles of Amendment</u>, for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc Attention: Kelly Castro 5511 Parkerest Dr., Suite 103 Austin Tx 78731

If you have any questions, please feel free to contact me at 844-493-6249 or at <u>fulfillment@zenbusiness.com</u>.

Thank you,

Kelly Castro ZenBusiness Customer Success

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



2022 JUN 15 AH II: 36

Implosion LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on or liability Company)	r records.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.22000140612}{1.22000140612}$ .	were filed on $\frac{03/22/20}{2}$	22	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	ity Company," the designat	ion "LLC" or the al	obreviation "L.L.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 a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records	s, enter the nan	ne of the new registered
New Registered Office Address:	Enter Florida stre	eat addraw	
	City	, Florida <u></u>	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·		•
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p heing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my di provided for in Chapte	ities, and Lam , er 605, F.S. Or,	familiar with and if this document is

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	Daniel Cruz-Castro	931 N State Rd 434	
		1201-340	
		Altamonte Springs, Fl. 32714-7022	<b>≡</b> Change
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Effective date, if other than that fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to date of filing or more than block does not meet the applicable statutory filing requi	(optional) 190 days after filing.) Pursuant to 605.0207 rements, this date will not be listed as t
e record specifies a delayed effec	tive date, but not an effective time, at 12:01 a.m. on the c	earlier of: (b) The 90th day after the
rd is filed.	. 2022	
rd is filed.  Dated	el Cruz-Castro Signature of a member or authorized representative of a me	

Filing Fee: \$25.00