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| (Re | equestor's Name) | 1 |
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| PICK-UP | ☐ WAIT | MAIL |
| | ısiness Entity Na | me) |
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| (Do | cument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
| J. H | ORNE 27 2024 | |

Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corpor | | | |
|---|--|--|---|
| SUBJECT: Zun 1 | Zm Behy, LLC Name of Limi | ted Liability Company | |
| The enclosed Articles of An | endment and fee(s) are subt | nitted for filing. | |
| Please return all corresponde | ence concerning this matter t | o the following: | |
| | Maria Pens | Name of Person | |
| | | Name of Person | |
| | | Firm/Company | |
| | 808 Bridsell 1 | Ly Drive, Apt 806 | |
| | Miami, FL | 33131 City/State and Zip Code A botmail com o be used for future annual report noti | |
| - | marica. Der kor E-mail alldress: (t | no abstrail, care o be used for future annual report not | fication) |
| For further information conc | erning this matter, please ca | D: | |
| Mania Pennur Name of Po | rson | at (<u>3 &) 283-6</u> Area Code Daytim | Bl& D' ne Telephone Number |
| Enclosed is a check for the f | ollowing amount: | | |
| | ☐ \$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) |
| Mailing Address: Registration Sec | tion | <u>Street Address:</u> Registration Se | ction |
| Division of Corp | | Division of Cor | porations |

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF OF AM 9: 52

| | · Backy L | LC | <u> </u> |
|--|---|---|--------------------------------------|
| (Name of the Lin | ited Liability Con (A Florida Limite | npany as it now appears on our ed Liability Company) | records.) |
| The Articles of Organization for this Limited | Liability Compa | ny were filed on 04] u | 1 wrz and assigned |
| Florida document number <u>L 22 000 13</u> | 1730 | | |
| This amendment is submitted to amend the fo | llowing: | | |
| A. If amending name, enter the new name | | | |
| Zun Bu Kids, LLC The new name must be distinguishable and contain the | words "Limited Lia | ability Company," the designation | s "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appl | icable: | 414 | |
| (Principal office address MUST BE A STRE | <u>ET ADDRESS)</u> | | |
| | | | |
| Enter new mailing address, if applicable: | | NA | |
| (Mailing address MAY BE A POST OFFICE | E BOX) | | |
| | | · 11 - | |
| B. If amending the registered agent and/or agent and/or the new registered office addr | | e address on our records, g | enter the name of the new registere |
| | | | |
| Name of New Registered Agent: | NIA | | |
| Name of New Registered Agent: New Registered Office Address: | NIA_ NIA_ | | |
| | | Enter Florida street | address , Florida |

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> | <u>Name</u> | Address | Type of Action |
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| li an ett Note: | ive date, if other than the date of filing: |
| e recor rd is fil | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led. |
| Dated | Signature of a plember or authorized representative of a member |
| | Magia Persono- Typed or printed name of signee |

Filing Fee: \$25.00