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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

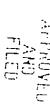
Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 0830 CAPITAL LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

0830 Capital LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company were		and assigned
1.22000207809		
Florida document number L22000207809		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
ZERO830 Capital LLC		
The new name must be distinguishable and contain the words "Limited Liability C	company," the designation "LLC" or the ab	breviation "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)		
	AP	
B. If amending the registered agent and/or registered office add	ress on our records, enter the nam	e of the new registered
agent and/or the new registered office address here:		
		·· 2
Name of New Registered Agent:		022
		÷
New Registered Office Address:	Enter Florida street address	
	inter I am all an eet daw est	ω 正文語
<u></u>	, Florida	
	Cuy	Zip Cour
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 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
MGR	Juan E. Ruiz	Mystic Pointe Drive apt 2201	X (Add
		Aventura FL 33180	□Remove
			□Change
MGR	Juan F. Ruiz	Mystic Pointe Drive apt 2201	
		Aventura FL 33180	□Remove
			X)Change
			□Add
			□Remove
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Note: If the dat	if other than t is listed, the date r ie inserted in this serive date on the	s block does no	it meet the ap	plicable statute	ing or more than ory filing requir	(optional) 90 days after filt rements, this day	al) ang.) Pursuant to 6 ate will not be li	05.0207 sted as
record specific d is filed.	es a delayed effec	ctive date, but r	not an effecti	ve time, at 12:0)1 a.m. on the c	arlier of: (b)	The 90th day at	ter the
			2022	·				
Dated <u>06/03</u>								
Dated 06/03	_; Lu	tark	<u></u>		sentative of a me			