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## **COVER LETTER**

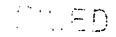
TO:

Registration Section Division of Corporations

Fat Mike's SUBJECT:	1IC.	•	•		
SUBJECT:	Name of Lin	ited Liability Company	_		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Rasheem Edward				
		Name of Person	<del></del>		
	Zenbusiness Inc				
		Firm/Company			
	5511 Parkerest Dr., Suite 1	0.3			
		Address			
	Austin, TX 78731				
		City/State and Zip Code			
	fulfillment@zenbusiness.co				
	E-mail address: (	to be used for future annual report notification)	<del></del>		
For further information of	concerning this matter, please c	all:			
Zenbusiness Inc c/o Ras	heem Edward	844 4936249 at ()			
Name o	of Person	Area Code Daytime Telephone Nu	ımber		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee. ifficate of Status & iffied Copy tional copy is enclosed)		
Mailing Addre		Street Address:			
Registration		Registration Section			
Division of C P.O. Box 632	•	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 AUG !! PH 2: 30 Fat Mike's L.L.C. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{7/27/2022}{}$ and assigned Florida document number 1.22000332187 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_\_\_\_, Florida \_\_\_\_\_\_ 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Michael Governali	1701 Renaissance Commons Blvd 2317 Boynton Beach, FL 33426	<b>=</b> Add
			Remove
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Effective date, if other than the fan effective date is listed, the date made inserted in this document's effective date on the	block does not meet the a	applicable statutory fi	(option or more than 90 days after fi ling requirements, this	nal) ling.) Pursuant to 605.0207 date will not be listed as
record specifies a delayed effect	ive date, but not an effec	rtive time, at 12:01 a.r	m, on the earlier of: (b)	The 90th day after the
d is filed.	2022	·		
d is filed. Dated <u>August 1</u> /s/Ryan Paul Dan	vi			
d is filed.  August 1  Dated			ive of a member	