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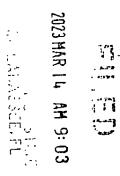
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COVER LETTER

TO: Registration Se Division of Cor				
	RADERS LLC			
SUBJECT:	Name of Lim	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:		
	ZEESHAN TARIQUE BU	TT		
		Name of Person		
	ZEEBEE TRADERS LLC			
		Firm/Company		
	7901 4TH ST N, STE 102	₹5		
		Address		
	ST, PETERSBURG, FL 3.	3702		
	 -	City/State and Zip Code		
	ZEESHAN96599@GMAII			
For further information c	e-mail address: (to be used for future annual report not all:	incinon)	
ZEESHAN TARIQUE I	BUTT	823-679-44		
Name of Person		Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$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 Addres		Street Address: Registration Se	ection	
Registration Division of C			Division of Corporations	
P.O. Box 632		The Centre of		
Tallahassee,	FL 32314	2415 N. Monre	oe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZEEBEE TRADERS LLC		
(Name of the Limited L. (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on AUGUST 03, 2022	and assigned
Florida document number L22000341917		
This amendment is submitted to amend the followir	ng:	
A. If amending name, enter the new name of the	limited liability company here:	7023 F
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	
Enter new principal offices address, if applicable		F 7
(Principal office address MUST BE A STREET A	DDRESS)	())
		9 03
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
		·····
B. If amending the registered agent and/or regis agent and/or the new registered office address he	· · · · · · · · · · · · · · · · · · ·	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
-	City	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 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
AMBR	NOMAN TARIQUE	18110 TRACE POINTE LN	
		RICHMOND, TEXAS 77407	■Remove
			[]Change
			□Add
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			□Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.		
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