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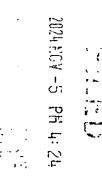
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| Special Instructions to Filing Officer. |
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COVER LETTER

| TO: Registration Division of C | i Section Corporations | | | |
|--|---------------------------------------|---|---|--|
| | H ASSISTANCE LLC | | | |
| SUBJECT: | Name of Lim | Name of Limited Liability Company | | |
| | | | | |
| The enclosed Articles | of Amendment and fee(s) are sub- | mitted for filing. | | |
| Please return all corre | spondence concerning this matter | to the following: | | |
| | SYED ZOHAIB HUSSAII | N | | |
| | | Name of Person | _ | |
| | ZENITH ASSISTANCE L | I.C | | |
| | | Firm/Company | | |
| | 3110 1st Avenue North Su | ite 2M #1171. | | |
| | | Address | _ | |
| | St. Petersburg, FL 33713 | | | |
| | • | City/State and Zip Code | | |
| | bookkeeper@easytaxgroup. | | 200 | |
| E. Grade and E. Grandelle | | to be used for future annual report notification) | 2024 NOV | |
| | on concerning this matter, please co | | -2 | |
| TETIANA SEMESK | | 917 600-9952 at () | - | |
| Nan | ne of Person | Area Code Daytime Telephone Numb | F | |
| Enclosed is a check to | or the following amount: | | 2 | |
| □ \$25.00 Filing Fee | S S S S S S S S S S S S S S S S S S S | (additional copy is enclosed) Certific | Filing Fee, cate of Status & ed Copy nal copy is enclosed) | |
| Mailing Add Registratio Division o P.O. Box (| on Section f Corporations | Street Address: Registration Section Division of Corporations The Centre of Tallahassee | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ZENITH ASSISTANCE LLC (Name of the Limited Liability C | Company as it now appears on our records.) imited Liability Company) |
|---|---|
| | npany were filed on and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited | d liability company here: |
| The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES) | d Liability Company," the designation "LLC" or the abbreviation "L.L.C." SS) |
| Enter new mailing address, if applicable: | Edison, NJ 08837 |
| (Mailing address MAY BE A POST OFFICE BOX) | Edison, NJ 08837 |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | office address on our records. enter the name of the new registered |
| Name of New Registered Agent: SYED ZO | OHAIB HUSSAIN |
| New Registered Office Address: | Enter Florida street address |
| | Florida |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 | SYED ZOHAIB HUSSAIN | 3110 1st Avenue North Suite 2M #1171, | ■Add |
| | | St. Petersburg, FL 33713 | □Remove |
| | | | [] Change |
| AMBR | SYED MUHHAMMAD ALI | 3110 1st Avenue North Suite 2M #1171, | □Add |
| | | St. Petersburg, FL 33713 | |
| | · | | □Change |
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| . It amending any other informa | mon, enter change(s) hero | re: (Attach additional sheets, if necessary.) |
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| | st be specific and cannot be prior lock does not meet the applic | or to date of filing or more than 90 days after filing.) Pursuant to 605.0207 cable statutory filing requirements, this date will not be listed as: |
| ne record specifies a delayed effectivord is filed. | e date, but not an effective ti | time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated October 22 | 2024 | · |
| Sye | ED ZOHAIB | norized representative of a member |
| / | Signature of a member or author | norized representative of a member |
| SYED ZOHAIB HUSS | AIN | |
| | Typed or print | ited name of signee |

Filing Fee: \$25.00