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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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CHDIEC	ZIV SERV	ICES LLC		
SUBJEC	1:	Name of Lin	nited Liability Company	
The enclo	sed Anicles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		ZAHAVA ARNOV		
			Name of Person	
		ORB CPA PA		
			Firm/Company	<u> </u>
		1000 S STATE RD 7		
			Address	
		PLANTATION FL 33317		
			City/State and Zip Code	
		ZIVCHEN102@GMAIL.C E-mail address: (OM to be used for future annual report notification)	
For furthe	r information c	oncerning this matter, please ca		
ZIV CHE	in .		603 866-4663	
	Name o	l'Person	Area Code Daytime Telephone I	Vumber
Enclosed	is a check for tl	ne following amount:		
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Ce	0.00 Filing Fee, entificate of Status & entified Copy dunonal copy is enclosed)
	Aailing Addres Registration S		Street Address: Registration Section	
[Division of C	orporations	Division of Corporations	

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

FILED

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ZIV SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records) N.L. AHASSEE, FL

(A Florida Limited Liability Company)

The Articles of Organization for this Limited	Liability Comp	any were filed on 08/15/20	22 and assigned
Florida document number L22000358517	·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited I.	liability Company," the designa-	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offi			s anter the name of the new registered
agent and/or the new registered office addr	ess here:	ice address on our record	s, enter the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida str	eet address
			, Florida
		Ciņ	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>	<u>Address</u>	Type of Action
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		NAPLES, FL 34114	□ Remove
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