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COVER LETTER

	ation Section n of Corporations		
	NITH WELLNESS VENTURES, LI	LC	
SUBJECT:	Name of L	imited Liability Company	_
The enclosed Art	icles of Amendment and fee(s) are s	submitted for filing.	
	correspondence concerning this matte	-	
	Peter H Makar		
		Name of Person	
	ZENITH WELLNESS V	VENTURES, LLC	
		Firm/Company	_
	12875 NE 2ND AVE		S 23
		Address	1023 M
	NORTH MIAMI, FL 33	161	7023 MAR - 6 2023 MAR - 6 SECRETAR TALLAR
	zenithwellnessventures@	City/State and Zip Code	
	E-mail address	s: (to be used for future annual report notification)	AH II: 01
For further inform	nation concerning this matter, please	e call:	면접 O
Peter H Makar		305 519-2404 at ()	
	Name of Person	Area Code Daytime Telephone Nun	nber
Enclosed is a che	ck for the following amount:		
■ \$25.00 Filing	-	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	O Filing Fee. ficate of Status & fied Copy ional copy is enclosed)
	Address: ration Section	Street Address: Registration Section	
Divisio	on of Corporations	Division of Corporations	
P.O. B	ox 6327	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 WELLNESS VENTURES, LLC

(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 I	Liability Company	y were filed on	08/30/2022	and assigned
Florida document number L22000379780	· · · · · · · · · · · · · · · · · · ·			144
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lial	bility company	<u>y here</u> :	
N/A		•		
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," t	he designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	: BOV	N/A		
B. If amending the registered agent and/or agent and/or the new registered office address	registered office	address on ou	ır records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:	N/A	·		
New Registered Office Address:	N/A			
		Enter	Florida street ada	Iress
	N/A			Florida N/A
		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 Changing Registered Agent, Signature of New Registered Agent

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	Peter H Makar	12875 NE 2nd Ave North Miami, FL 33161	= Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
 			
			□Remove
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		 	□Remove
			Change

N/A N/A	N/A	
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