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SECRETARY OF STATE OF

. - COVER LETTER

| TO: Registration Se Division of Co | | | |
|---------------------------------------|--|--|---|
| SUBJECT: Z | ahav Gene | ral Contract | tors LLC |
| | 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: | |
| | | | |
| | Y | isroel Orvin | |
| | | Name of Person | |
| | | | |
| | | Firm/Company | |
| | | | |
| | 1050 Je | fferson St Address | |
| | | Address | |
| | Hollyw | OU FL 33 019 City/State and Zip Code | |
| | | City/State and Zip Code | |
| | mo | try drum annail. | C 974 |
| | E-mail address: (| to be used for future annual report no | stification) |
| For further information of | concerning this matter, please c | all; | |
| Yisroel | \mathcal{O}_{∞} : | 225 | 0. 17.57 |
| | of Person | at (305) 4 Area Code Dayti | me Telephone Number |
| | | | |
| Enclosed is a check for t | ha fallauring amount: | | |
| | - | | □ #44 00 BW B |
| ∃\$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy | ☐ \$60.00 Filing Fee, Certificate of Status & |
| | | (additional copy is enclosed) | Certified Copy (additional copy is enclosed) |
| | | | (additional copy is enclosed) |
| | | | |
| Mailing Addre | ss: | Street Address: | |
| Registration | | Registration S | |
| Division of C P.O. Box 632 | • | Division of Co The Centre of | • |
| Tallahassee, | | | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| (Name of the Limited Liability Company as if now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on | assigned |
|---|----------------|
| | assigned |
| Florida document number <u>L22000401946</u> . | |
| | |
| 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 | "L.L.C." |
| Enter new principal offices address, if applicable: 1050 Jeffvson St | <u> </u> |
| (Principal office address MUST BE A STREET ADDRESS) Hollywood FL 33UQ | |
| | |
| Enter new mailing address, if applicable: 1050 Jeffers on St | |
| (Mailing address MAY BE A POST OFFICE BOX) 1 tollywood FL 33019 | |
| B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the ragent and/or the new registered office address here</u> : | new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Enter Florida street address | |
| , Florida | |
| City Zip Coo | le |

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 |
|--------------|-------------------|---|----------------|
| +MBR | Jonathan Merrigan | 13521 Northumberland (Wellington FL 33414 | Incle DAdd |
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| (If an e Note: | tive date, if other than the date of filing: |
|-------------------|---|
| the reco | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed. |
| | 1 Soplember 22 2027 |
| Dated | , |
| Date | 100 16N |
| Dated | September 23, 2022. Signature of a member or authorized representative of a member |