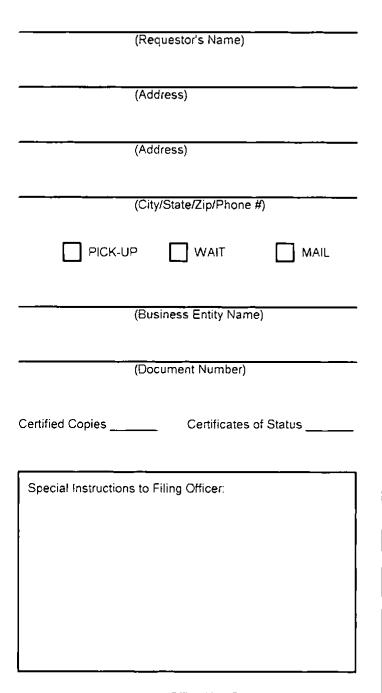
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COVER LETTER

Registration Section Division of Corporations

TO:

ENTER T SUBJECT:	HE INTERZONE LLC		
SOBJECT:	Name of Lim	aited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alex Poole		
		Name of Person	-
		Firm/Company	
	1680 Michigan Avenue #7		
	Miami Beach FL 33139	Address	
	Ham Death 11, 33137	City/State and Zip Code	
	reverts_castle_0n@icloud.c	com to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Alex Poole		917 755-7955 at ()	
Name (of Person	Area Code Daytir	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENTER THE INTERZONE LLC					
(Name of the Limited Li (A FI	iability Company Iorida Limited Lia	y <mark>as it now appears on</mark> ability Company)	our records.)		
The Articles of Organization for this Limited Liabili Florida document number 1.22000421267	ity Company w 	vere filed on	2022	and as	ssigned
This amendment is submitted to amend the following	ıg:				
A. If amending name, enter the new name of the	limited liabili	ity company here:			
INTERZONE VENTURES LLC					
The new name must be distinguishable and contain the words	"Limited Liability	y Company," the design	nation "LLC" or the a	bbreviation "	L.C."
Enter new principal offices address, if applicable	:				
(Principal office address MUST BE A STREET A)	DDRESS)			- 	
				024 A	
			; ;	APR	1
Enter new mailing address, if applicable:				19	
(Mailing address MAY BE A POST OFFICE BOX	<u>v)</u>) T	ဂို့ဇ္ဂ 📭	İΠ
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				13 ATE	
B. If amending the registered agent and/or regist		ldress on our reco	rds, <u>enter the nar</u>	ne of the n	ew register
agent and/or the new registered office address he	ere:				
N					
Name of New Registered Agent:					
New Registered Office Address:					
		Enter Florida s	treet 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 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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Remove
			□ Change
			□Add
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	eet the applicable statutory filing requirements, this date will not be listed as t
The 90th day after the record is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of
APRIL 09 Dated	2024
Signature of a m	/
Alex Poole	ember or authorized representative of a member

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