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COVER LETTER

TO:

Registration Section Division of Corporations

ZILLION HOLDINGS, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **JODI RONEN** Name of Person JG CONSULTING SERVCIES, LLC Firm/Company 5481 WILES RD STE 502 Address COCONUT CREEK, FL 33073 City/State and Zip Code JODI@ACCU-TAX.TAX E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **JODI RONEN** Name of Person Area Code Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & ■ \$25,00 Filing Fee Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZILLION HOLDINGS, LLC				
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.)			
ne Articles of Organization for this Limited Liability Company were filed	on 10/28/2022 and assigned			
orida document number 1.22000464785				
is amendment is submitted to amend the following:				
If amending name, enter the new name of the limited liability comp	any here:			
ne new name must be distinguishable and contain the words "Limited Liability Company	v," the designation "LLC" or the abbreviation "L.L.C."			
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)	<u> </u>			
	6.7			
nter new mailing address, if applicable:	<u> </u>			
Auiling address MAY BE A POST OFFICE BOX)	, -			
	20			
. If amending the registered agent and/or registered office address on gent and/or the new registered office address here:	our records, <u>enter the name of the new regi</u> s			
Name of New Registered Agent:	<u> </u>			
New Registered Office Address:				
En	Enter Florida street address			
	, Florida			
Cin:	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, <u>enter the title</u>, <u>name</u>, and <u>address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BENJAMIN MAXWELL VANGE	8681 AC SKINNER PKWY #1502	□Add
		JACKSONVILLE FL 32256	≣Remove
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Effective date, if other that fan effective date is listed, the da	te must be specific and car	nnot be prior to date o	of filing or more than ⁹	(optional) 0 days after filing) Pursuant to 6	05.0207
Note: If the date inserted in to locument's effective date on	his block does not mee	et the applicable sta	tutory filing require	ments, this date	will not be li	isted as
record specifies a delayed et	fective date, but not an	effective time, at	12:01 a.m. on the ea	rlier of: (b) Tl	ne 90th day ai	fter the
d is filed.					753 754 754	
Oated	;	2023			2,604 77-2 1	
Dated	· · ·					
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Typed or printed name of signee