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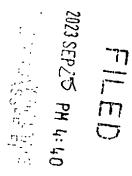
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PICK-UP	WAIT MAIL
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COVER LETTER

	Registration Section Division of Corporations	
CHRIEC	T: ZURY LLC	
SUBJEC,	Name of Limited Liability Company	
The enclo	osed Articles of Amendment and fee(s) are submitted for filing.	
Please ret	turn all correspondence concerning this matter to the following:	
	EVALIN' RALIFORN	
	Name of Person	
	Firm/Company	
	14	
	378150 40 St Address	
	Address	
	West Park \$1 33023 City/State and Zip Code	
	City/State and Zip Code	
	Zuri- essential @ gmail - com E-mail address (to be used for future annual report notification)	
For furthe	er information concerning this matter, please call;	
ENA	11.11 RALIFORD a178617158874	
	Name of Person at (786) 7-158874 Area Code Daytime Telephone Number	_
Enclosed	is a check for the following amount:	
	00 Filing Fee	U. a.s. a.s
	Certificate of Status Certified Copy Certificate of	Status &
	(additional copy is enclosed) Certified Copy (additional copy is	•
	Mailing Address: Street Address: Registration Section Registration Section	
	Registration Section Registration Section Division of Corporations 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

ZURU LLC			
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company were filed on De Florida document number $\angle 2000524760$	ecember 14, 2000 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company her	re:		
Avis A Accessories & More LLC The new name must be distinguishable and contain the words "Limited Liability Company," the de-	-		
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2		
(Principal office address MUST BE A STREET ADDRESS)	023		
	SEF		
	25		
Enter new mailing address, if applicable:	32 m		
•			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:	cords, enter the name of the new registered		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Remove
		Change	
		□Add	
			□Remove
			□Change
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		□Remove	
			☐ Change
			□Add
			□ Remove
			Change

	Turt information
	enter changed
	here: (Attach additional sheare of
	lending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effec	five date, if other than the date of filing:
(If am e	flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the date on the Department of State's records.
qoeri 1401£	If the date inserted in this block does not meet the applicable statutory of
GC, II	(optional) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ill ment's effective date on the Department of State's records
If the reco	rd 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
record is t	iled. The 90th day after the
	and the
D.,	09 = 03
Dated	01 23 - 3033
	Walified
	Signature of a plember or authorized representative of a member
	or a member
	A CONTRACTOR OF THE CONTRACTOR
	EVALO RATTFORD

Filing Fee: \$25.00