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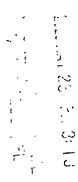
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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT:		ZING AND CO.	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Rona	Name of Person	<del></del>
	CU1TB035	BARBERING AND CO	
	15260 sou	TH WEST 280TH STREET	T STEILZ 22
	HOMESTEAD	City/State and Zip Code	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	E-mail address: (	OFMAIC . COM to be used for future annual report notification	1
For further information c	oncerning this matter, please co	all:	
RONALD Name o	JOHNSON Person	at ( <u>786</u> ) <u>302-42</u> Area Code Daytime Telep	
Enclosed is a check for the	he following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Section	
Division of C		Division of Corporat	
P.O. Box 632		The Centre of Tallah	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	AND CO.	rds.)		
(A Florida Limited Li	ability Company)			
The Articles of Organization for this Limited Liability Company v	vere filed on Jan. 9	2023 and assigned		
Florida document number L230000 18741				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
		50 B		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L	LC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		23		
(Principal office address MUST BE A STREET ADDRESS)	<u>.                                    </u>	1 -0		
		$\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$		
Enter new mailing address, if applicable:		1 . C:		
(Mailing address MAY BE A POST OFFICE BOX)				
		·		
B. If amending the registered agent and/or registered office a	ddress on our records, <u>ent</u>	er the name of the new registere		
agent and/or the new registered office address here:				
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 agre	ee 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 p	provided for in Chapter 60	5, 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	RONALD JOHNSON	15260 SOUTH WEST 280TH STR	EET ZAdd
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		33032	□Change
			□Add
			□Remove
		A Company of the Comp	Change
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tive date, if other t	than the date of	filing:			(option	ıal)
If the date inserted	in this block does	s not meet th	ic applicable si	of filing or more than 90 atutory filing requiren	days after the nents, this	iling.) Pursuant to 60 date will not be lis
nent's effective date	on the Departme	nt of State's	records.			
ord specifies a delayer	d effective date, t	out not an ef	fective time, at	12:01 a.m. on the earl	ier of: (b)	The 90th day afte
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MAY 2	2 2023		<u>.</u>			
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	Signatu	re of a month	r or authorized	representative of a memb	ег	

Filing Fee: \$25.00