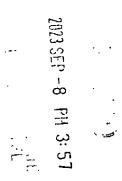
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(City)	/State/Zip/Phon	e#)	
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Office Use Only

9/23/2023

## **COVER LETTER**

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TO: Registration So Division of Co					
	rprises LLC				
SUBJECT:  Name of Limited 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:			
		Name of Person			
	ZenBusiness INC				
	zacinybanicas nav	Firm/Company			
	336 E. College Ave Suite				
		Address			
	Tallahassee, FL 32301				
		City/State and Zip Code			
	fulfillment@zenbusiness.co	om to be used for future annual report not	(Coulon)		
For further information c	concerning this matter, please c	·	rication)		
e/o ZenBusiness INC		844 493-6249			
Name c	of Person	at () Area Code — Daytim	ne Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additionar copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addres</u> Registration 9		<u>Street Address:</u> Registration Se	ction		
Division of Corporations		Division of Cor	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahussee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP -8 unatrl enterprises LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{1/13/2023}{1}$ and assigned Florida document number \_\_1.23000028101 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: UNATRURECORDS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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, 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
			□Add
			□Remove
		<del></del>	☐ Change
			□Add
			□Remove
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		<del></del>	□Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
			□Add
		****	□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 filed. Dated\_August 28th 2023 /s Logan Kitts Signature of a member or authorized representative of a member Logan Kitts Typed or printed name of signee