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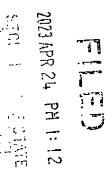
(Requestor's Name)
(Address)
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(Document Number)
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Y. SCOTT JUN 1 1 2023

## **COVER LETTER**

TO: Registration Se Division of Cor				•
muserental	s LLC			
SUBJECT:	Name of Lin	nited 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:		
	Rasheem Edward			
		Name of Person		
	Zenbusiness Inc.			
		Firm/Company		
	336 E. College Ave Suite	301		
		Address	rer	20
	Tallahassee, FL 32301			1023 APR
		City/State and Zip Code	,· · · ·	R 24
	fulfillment@zenbusiness.co			-
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report not all:	ification) and control of the contro	PH I:
Zenbusiness Inc c/o Ras	heem Edward	844 4936249 at ( )	TTI.	72
Name o	d Person		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 (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	Status &
Mailing Addres Registration 9		<u>Street Address:</u> Registration Se	vetion	
Division of C		Division of Co		
P.O. Box 632	.7	The Centre of	l'allahassee	
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, Fl. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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assigned
"L.L.C."
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1 I

## 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	michelle camacho		□Add
			⊟Remove
		25 SE 2nd Ave ste 550 PMB 33	3 Miami, FL 33131 ■Change
			□Add
			□Remove
			□ Change
			App Remove
			IPP Remove
			P□Change
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			-	
fective date, if other than t	ha data of filings	(un	tional)	
in effective date is listed, the date in this offer. If the date inserted in this	must be specific and cannot be prior to a block does not meet the applicable Department of State's records.	date of filing or more than 90 days aff	er filing.) P	
ecord specifies a delayed effectis filed.	ctive date, but not an effective time	e, at 12:01 a.m. on the earlier of:	(b) The S	90th day after th
	2023			
ated	<del></del>			
/S/michelle camac	ha			
ated 4/14 /S/michelle camac	ha	red representative of a member		

Filing Fee: \$25.00