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1023 DEC -4 AM 8: 02 SECRETARY OF STATE

COVER LETTER

TO:

TO: Registration S Division of Co			ı
KLZEN I	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Luis Flores		
		Name of Person	
	ZenBusiness INC		
		Firm/Company	
	336 E. College Ave Suite	301	
		Address	
	Tallahassee, FL 32301		
		City/State and Zip Code	
	fulfillment@zenbusiness.co		
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
c/o ZenBusiness INC		844 493-6249 at ()	
Name of Person		Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration		<u>Street Address:</u> Registration Se	ction
Registration Section Division of Corporations		Division of Cor	
P.O. Box 63	327	The Centre of T	allahassee
Tallahassee.	. FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

FILED

KLZEN LLC

2023 DEC -4 AM 8: 02

	SECRETARY OF STATE TALLAHASSEE, FL
lity Company were filed on $\frac{02/06/2023}{}$	and assigned
·	
ng:	
e limited liability company here:	
s "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
e:	•
(DDRESS)	
<u></u>	
	
stered office address on our records, ere:	enter the name of the new registered
Enter Florida street	address
Enter Florida street	
Enter Florida street City	address, Florida Zip Code
	Florida
	ng: e limited liability company here: s "Limited Liability Company," the designation e: [DDRESS] X) stered office address on our records, 4

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
AMBR	BUTTERFIELD, RONALDO R	10700 Cameron CT #101	
		Davie, FL 33324	
			≡ Change
			□Add
		<u> </u>	□Remove
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Consider descriptions	h La EST			, IS	
Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not mee	et the applicable	ate of filing or more than statutory filing requi	(optional) 190 days after filing.) Prements, this date wi	ursuant to 605.0207 (3)(Il not be listed as the
e record specifies a delayed effect rd is filed.	tive date, but not an	n effective time,	at 12:01 a.m. on the	earlier of: (b) The 9	Oth day after the
Dated	· .	2023			

Typed or printed name of signee