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## **COVER LETTER**

TO:				
SUBJ	ECT:	ZenLux	Stavs LLC	
		Name of Lim	ited Liability Company	
The er	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		S	tephane Poirier	
		Tr: ZenLux Stays LLC  Name of Lamited Liability Company  seed Articles of Amendment and feets) are submitted for filling.  turn all correspondence concerning this matter to the following:  Stephane Poirier  Name of Ferson  N/A  Firm Company  2045 Biscayne Blvd.  Address  Miami, FL. 33137  City/State and Zip Code  Stephane Brother @vahoo.com  E-mail address: (10 be used for future annulal report notification)  er information concerning this matter, please call:  Stephane Poirier  Name of Person  at (305) 878-8363  Area Code  Daytime Telephone Number  Stephane Poirier  Name of Person  Area Code  Stephane Poirier  Steph		
		20		
	Division of Corporations  UBJECT: ZenLux Stays LLC  Name of Lamited Liability Company  the enclosed Articles of Amendment and feets are submitted for filing.  the enclosed Articles of Amendment and feets are submitted for filing.  these return all correspondence concerning this matter to the following:  Stephane Poirier  Name of Person  NiA  From Company  2045 Biscayne Blvd.  Address  Miami, FL. 33137  City/State and Zip Code  Stephane Brother@yahoo.com  Benual address: (to be used for future annifol report notification)  or further information concerning this matter, please call:  Stephane Poirier  Stephane Poirier  Area Code  Stephane Poirier			
	Division of Corporations  SUBJECT: ZenLux Stays LLC Name of Laished Liability Company  The enclosed Articles of Amendment and feets are submitted for filing.  Please return all correspondence concerning this matter to the following:  Stephane Poirier Name of Ferson  N/A From Congany  2045 Biscayne Blvd. Address  Miami, FL. 33137 City/State and Zap Code Stephane Brother@yahoo.com E-mail address: (to be used for future annual report netification)  For further information concerning this matter, please call:  Stephane Poirier Stephane Poirier Area Code  Stephane Poirier Area Code  Stephane Poirier Area Code  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee			
For fu	rther information ec	oncerning this matter, please o	all:	Poirier erson  yne Blvd.  33137  Zip Code er@yahoo.com re annual report notification)  Discrete Address: Registration Section Division of Corporations The Centre of Tallahassee
Enclos	sed is a check for th	e following amount:		
□ \$1	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registration S Division of Co P.O. Box 632	ection orporations 7	Registration Se Division of Cor The Centre of T 2415 N. Monro	porations Callahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZenLux Sta (Name of the Limited Liability Compan (A Florida Limited Li	AVS LLC y is it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L23000084760</u> .	vere filed on02/16/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here: /A
The new name must be distinguishable and contain the words "Limited Liabilit	
Enter new principal offices address, if applicable:	8950 SW 74th CT
(Principal office address MUST BE A STREET ADDRESS)	Suite 2201 PMB D7
	Miami, FL. 33156-3171
Enter new mailing address, if applicable:	,
(Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	Idress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter El videstfoe adoress
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pole being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is
H.Ch.,	N/A

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
			□ Change
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N/A	<del></del>
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Effective date, if other than the date of filing: N/A (optional)	
Effective date, if other than the date of filing:    N/A   (optional)	t to 605.02 <u>07</u> (3 be listed as the
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th dard is filed.	ay after the
Dated12/09/2023	
Signature of a member of authorized representative of a member	