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R. HUNT 05/04/23

COVER LETTER

TO: Registration S Division of Co			
safadinhas	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Sofia Vasquez		
		Name of Person	, 9
	ZenBusiness INC		, , , , , , , , , , , , , , , , , , , ,
		Firm/Company	
	336 E. College Ave Suite	301	
		Address	- :
	Tallahassee, FL 32301		: 5 7 : £
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	·
	fulfillment@zenbusiness.co		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report no	tification)
c/o ZenBusiness INC	concerning and matter, proude o	844 493-6249	
	of Person	at () Area Code Dayti	me 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 Addre		Street Address:	
Registration Division of 0	Section Corporations	Registration S Division of Co	
P.O. Box 63	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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>	Address	Type of Action
			□Remove
			□Change
			□Add ¨ ,
			☐Remove
			☐ Change
			□Add
			□Remove
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			Change
			□Add
	· •		□Remove
			□ Change

Flective date, if other than the date of filing: an effective date; if sited, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste occument's effective date on the Department of State's records. 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 its filed. /s/ Grace Arribas Signature of a member or authorized representative of a member				
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Ffective date, if other than the date of filing:				
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Filing Fee: \$25.00