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COVER LETTER

Division of Corporations	
SUBJECT: ZAŁOU SOLO PRODUCTION LLC Name of Limited Liability Company	_
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ESAUS AUGUSTIN Name of Person ZAZOU SOLO PRODUCTION LLC Firm/Company	
1911 NORTH HAVERHILL 20	
WEST PALM BEACH, FL 33417 City/State and Zip Code 2a-2ou broduction 76 a gmail. Con E-mail address: (to be used for future annual report dotification)	دم —
For further information concerning this matter, please call:	
ESAUS AUGUSTIN at (786) 306_673- Name of Person Area Code Daytime Telephone Num	2
Name of Person Area Code Daytime Telephone Num	nber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificational copy is enclosed) Certificational copy is enclosed.	0 Filing Fee, ficate of Status & fied Copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZAZOU SOLO 1	RODUCTION	, LL 2023 KAY 22 PM 12: 28
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears of Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Compan	y were filed on	03/30/2023 and assigned
Florida document number <u>L 23 000 160 412</u> .		, ,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here	:
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:	e address on our reco	ords, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	City	, Florida

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 addor removed from our records: MGR = Manager AMBR = Authorized Member Title Name Address Type of Action
1911 NORTH HAVERHILL BY APT 6
MGL LOSEMITHS AUGUSTIN WEST PALM BEACH, FL 33417 WAdd _____ Change □Remove _____ Change _____ □Remove ______ Change _____ 🗆 🖂 🗆 🗆 🗀 Add _____ □Change _____ □Add

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Note:	ve date, if other than the date of filing:
If the record record is fil-	d 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 ed.
Dated ₋	Signature of a inember of authorized representative of a inember
	ESAUS AUGUSTIN Typed or printed name of signee