## 123000204622

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
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## **COVER LETTER**

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SUBJEC	.1: <u></u>	Name of Lin	ited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Carlos Orellano				
			Name of Person			
		ZenBusiness INC				
		···	Firm/Company	-		
		336 E. College Ave Suite	301			
			Address			
		Tallahassee, FL 32301			•	7E73
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		•	-:
		fulfillment@zenbusiness.co				25
		E-mail address: (	to be used for future annual report notif	ication)		C)
For furth	er information c	oncerning this matter, please c	all:			- :
Carlos (	ZO ZenBusines	s, Inc.	844 493-6249 at ( )		` 	D: 27
	Name o	f Person		Telephone Number		
Enclosed	is a check for th	ne following amount:				
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fil Certificate Certified ( (additional c	e of Stati Copy	
Mailing Address: Registration Section			Street Address: Registration Sec	tion		
Division of Corporations			Division of Corp			
P.O. Box 6327			The Centre of Ta	allahassee		
Tallahassee, FL 32314		FL 32314	2415 N. Monroe	: Street, Suite 81	0	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Future Collective LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on <sup>2023-04-25</sup> \_ and assigned Florida document number 1.23000204622This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC," or the abbreviation "LLC," 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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>	Name	Address	Type of Action
AMBR	Katherine Duran	220 Northeast 12th Avenue lot 148	🗆 Add
		Homestead, FL 33030	■Remove
			□Change
		<del></del>	□Remove
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Filing Fee: \$25.00