## L23000208640

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## **COVER LETTER**

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CUDIFOT.		h Pienie LLC	÷	•		
SUBJECT: Name of Limited Liability Company						
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ondence concerning this matter	to the following:			
		Rasheem Edward				
			Name of Person	<del>''</del>		
		Zenbusiness Inc.				
	Firm/Company					
	336 E. College Ave Suite 301					
			Address			
	Tallahassec, FL 32301					
		·	City/State and Zip Code			
		fulfillment@zenbusiness.cc				
		E-mail address: (	to be used for future annual report noti	tication)		
For further i	nformation c	oncerning this matter, please c	all:			
Zenbusiness Inc c/o Rasheem Edward			844 4936249 at ( )			
	Name of	l'Person		e Telephone Number		
Enclosed is	a check for th	ne following amount:				
<b>\$</b> \$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 Address: Registration Section		<u>Street Address:</u> Registration Se	ction			
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Naples Posh Pienic LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record: Jability Company)	<u>ァ</u> )
The Articles of Organization for this Limited Liability Company  Horida document number 1.23000208640	were filed on 4/27/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	759 96th ave N	123;
Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34108	
		P E
inter new mailing address, if applicable:	759 96th ave N	 ਪ
Mailing address MAY BE A POST OFFICE BOX)	Naples, FL 34108	0
. If amending the registered agent and/or registered office a	nddress on our records, enter	the name of the new regi
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Flo	orida Zip Code

## 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
AMBR	Abigail McCorkel		□Add
		7545 Campania Way unit 314 Naples, FL 34104	<b>≣</b> Remove
			□Change
AMBR	Katelyn McPherson		🗆 Add
			□ Remove
		759 96th ave N naples, FL 34108	<b>■</b> Change
			□ Add
			□Remove
			□ Change
	<u></u>		□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□ Change
		<del> </del>	□Add
			□Remove
			CiChana

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the 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 the record is filed. Dated \_\_\_\_\_ 8/10 2023 /s/Katelyn McPherson

Typed or printed name of signee

Katelyn McPherson

Signature of a member or authorized representative of a member