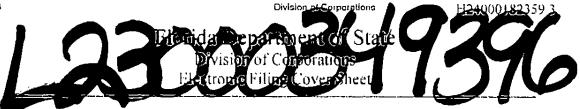
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

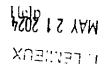
Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN. ENCHANTED JOURNEYS LLC

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Page: 2	of 5 2024	-05-22 10:19:04 UTC+14	18506176383	From: ZenBusiness User
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	Amendment and fee(s) are indence concerning this ma			
	Allison Monzon			
	AHSON STOREOT	Name of Person		
	ZenBusiness INC	,		
		Firm/Company	w	
	336 E. College Ave St	nite 301		
		Address		
	Tallahassee, FL 32301			
		City/State and Zip Code		
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For further information c	oncerning this matter, plea	se call:		
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If Changing Registered Agent, Signature of New Registered Agent

Page: 4 of 5 2024-05-22 10:19:04 UTC+14 18506176383 From: ZenBusiness User 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

To:

<u>Title</u>	Name	Address	Type of Action
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