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COVER LETTER

TO: Registration S Division of Co	orporations .		
Zen Warri	ors Ventures, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles (of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Aron Szabo, Esq.		
		Name of Person	
	Szabo Law Group, P.A.		
		Firm/Company	
	1401 Sawgrass Corporate I	Parkway	
		Address	
	Sunrise, F1, 33323		
	floridacompanyllc@gmail.c		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c		
Aron Szabo		954 210-6054	
Name	of Person	at () Area Code Daytin	ne Telephone Number
	the following amount:		El can on Pillian II in
■ \$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)
Malling 6 Jol		Street Address:	
<u>Mailing Addr</u> Registration		Registration Sc	ection
Division of	Corporations :- 11	Division of Co	
P.O. Box 63	327	The Centre of '.	i ananassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZEN WARRIORS VENTURES, LLC		<u> </u>
(<u>Name of the Limited Liability</u> (A Florida I.	Company as it now appears on our records.) Jimited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L230004444391</u>		and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limit	ed liability company here:	
Zen Warriors Alliance, LLC		
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	abbreviation "L.I.,C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI		
Inter new mailing address, if applicable:		:
Mailing address MAY BE A POST OFFICE BOX)		•
		<u>.</u> .
		.
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, enter the na	ime of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	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
<u> </u>			
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ffective date, if other than the data an effective date is listed, the date must be some of the date inserted in this block ocument's effective date on the Department.	e specific and cannot be c does not meet the ap	oplicable statutor;	g or more than 90 day	(optional) 's after filing.) Pursuant ts, this date will not	to 605,020 be listed a:
e record specifies a delayed e The 90th day after the record	ffective date, but d is filed.	t not an effect	ive time, at 12	:01 a.m. on the	earlier o
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		<u></u>	ntative of a member		