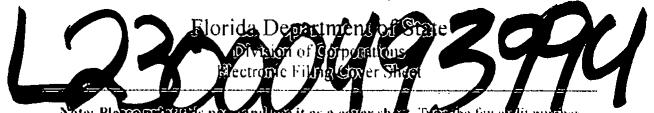
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Division of Corporations



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(((H24000166644 3)))



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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.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HYPOTHESEZ LLC

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H24000166644-3

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COVER LETTER

H24000166644-3 TO: Registration Section Division of Corporations SUBJECT: 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: Patrick Ridoutt Name of Person ZenBusiness INC Firm/Company 336 E. College Ave Suite 301 Address Tallahassee, FL 32301 City/State and Zip Code fulfillment@zenbusiness.com I:-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: c/o ZenBusiness INC 493-6249 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MailingAddress:

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

StreetAddress:

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

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H240001666443

Hypothesez LLC				
(Name of the Limited Liability Compa (A Florida Limited)	uiy as <mark>it now appears on our t</mark> Jiability Company)	records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000493994</u>	were filed on 2024-01-01		andassige	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"I.I.C" or the abbrev	iation "L.F. C	7,**
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		• • •		
Enter new mailing address, if applicable:			2021	
(Mailing address MAY BE A POST OFFICE BOX)		ا استار آستار	=	
		<u> </u>	<u>-</u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, g	enter the name o	Che new r	es <u>i≅terc</u>
Name of New Registered Agent:			1 - 1	
New Registered Office Address:	Enser Floridastreet o	ndet en ev		
	timer i un massi tert			
	City	_, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter (es, and Lam fam 505, F.S. Or, if t	iliar with e his docume	md
If Char	nging Registered Agent, <u>Signa</u>	ture of New Registe	red Agent	

To: Page: 4 of 5

2024-05-08 12:06:15 UTC+14

18506176383

From: ZenBusine

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	Bilal Sabir		□Add
			□Remove
		15210 Amberly Dr APT 311 Tampa, FL 33647	🛱 Change
			□Add
			Remove
			[]Change
			🗀 Add
			□Remove
			DChange
			□Add
			[]Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
		····	DChange

To:

H24000166644-3

D. If amending any other infor	mation, enter change(s) here: (Attach additional sheets, if necessary.)
	
<u> </u>	

	nust be specific and camou be prior to date of filing or more than 90 days after fiting.) Pursuant to 605.0207 (3) block does not meet the applicable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effe record is filed	trive date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated	2024
/s/ Bilal Sa	
	Signature of a member or authorized representative of a member
Bilal Sabir, Membe	
	Typed or printed name of signee

Filing Fee: \$25.00