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.

(((H24000178863 3)))



H240001788633ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 : (844)449-3624 Phone : (512)597-8678 Fax Number

ĹΩ

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

Email Address: fulfillment@zenbusiness.com

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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

4SOS 1 S YAM T LEWIEUX 10004781 Påge: 2 of 5

2024-05-18 11:13:43 UTC÷14

18506176383

From: ZenBusiness User

## COVER LETTER

H24000178863<sub>.</sub>3

TO: Registration S Division of Co		•	•
Hypothese	ez LLC		, 4
SUBJECT:	Name of Lin	thed Liability Company	
The enclosed Articles of	l'Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Patrick Ridoutt		
	<del></del>	Name of Person	<del></del>
	ZenBusiness INC		
		Firm/Company	
	336 E, College Ave Suite	301	
		Address	
	Tallahassee, FL 32301		
		City/State and Zip Code	
	fulfillment@zenbusiness.co	om to be used for future annual report noti	(heating)
For further information	concerning this matter, please c	•	(Kanon)
c/o ZenBusiness INC		844 493-6249	
Name	of Person	at ()	e Telephone Number
Enclosed is a check for I	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is coclosed)	560.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
MailingAddre		StreotAddress;	
Registration Division of 0		Registration Sec Division of Cor	
P.O. Box 633	27	The Centre of T	`allahassee
Tallahassee.	nt. 32314	Z415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO

H24000178863 3

## ARTICLES OF ORGANIZATION OF

Hypothesez LLC	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000493994</u>	were filed on 2024-01-01 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	11806 Bruce B. Downs Blvd, #1097 Tampa, Fl. 33612
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	11806 Bruce B. Downs Blvd. #1097 Tampa, FL 53612
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, enter the name of the new registered
New Registered Office Address:	Enter Florida street address
·	City Florida C Zgreode
New Registered Agent's Signature, if changing Registered Agent:	를 <b>길</b>
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	verformance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

-	
IV.	
IV.	

Page: 4 of 5

MGR = Manager

2024-05-18 11:13:43 UTC÷14

4000	^	700	100
1850	ħ]	l/h.	<b>የ</b> አለ

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:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
<del></del>			□Add
			□Reniove
			C) Change
			□Add
			□Remove
			[]Change
			🗀 Add
			□Remove
			□Change
<u></u>			
			□Remove
			☐ Change
	<del></del>		□Add
			□ Remove
			□ Change
			DAdd
			□Remove
			□Change 1124000178863 3

H24000178863 3

<del></del>		
		A STATE OF THE STA
<del> </del>		
effective date is fisted, the date e: If the date inserted in thi	the date of filing:  must be specific and camou be prior to date of illing or more s block does not meet the applicable statutory filing r be Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.020 equirements, this date will not be listed a
ord specifies a delayed effe filed	ctive date, but not an effective time, at 12:01 a.m. on	the earlier of: (h) The 90th day after th
ed	2024	