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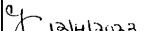




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| TO: Registration S Division of Co | | | |
|---|---|---|--|
| ZETA BUS | SINESSES BP, LLC | | |
| Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: John Taddeo, Esq. Name of Person Posada, Taddeo, & Dietiker PA Firm/Company 24 SE 20th Street Address Fort Lauderdale, FL 33316 City/State and Zip Code billing@ptd.law E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: | | | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | John Taddeo, Esq. | | |
| | Posada, Taddeo, & Dietike | | |
| | 24 SE 20th Street | Firm/Company | |
| | Fort Lauderdale, FL 33316 | | |
| | billing@ptd.law | City/State and Zip Code | |
| | | · | notification) |
| | concerning this matter, please ca | | |
| John Taddeo, Esq. | | 561 702-6478 | |
| Name o | of Person | at () Area Code Da | ytime Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ■ \$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
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ZETA BUSINESSES BP, LLC | | 2023 (10): 17 Att 7-39 |
|---|---|---------------------------------------|
| (<u>Name of the Limited Liability</u> (A Florida L | Company as it now appears on ou imited Liability Company) | r records.) |
| The Articles of Organization for this Limited Liability Cor Florida document number 1.23000504447 | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limite | d Liability Company," the designation | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | <u></u> | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | - | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | office address on our records | , enter the name of the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida strec | et 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 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> | <u>Address</u> | Type of Action |
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| Effective date, fan effective date Note: If the dat document's effe | is listed, the dat e inserted in th | e must be specif is block does | ic and cannot l not meet the | applicable sta | of filing or more tutory filing r | (opti than 90 days afte equirements, th | i onal) r filing.) Pursuant to is date will not be | 605.0207 (3 listed as th |
| | s a delayed eff | ective date, bu | it not an effe | ctive time, at 1 | 2:01 a.m. on | the earlier of: (t | o) The 90th day | after the |
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