

To:

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From: ZenBusiness User

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Division of Corporations

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Florida Department of State  
Division of Corporations  
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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 : (844)449-3624

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

Email Address: \_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MIG RESIGN  
ZENMTM LLC

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SEC. OF STATE  
TALLAHASSEE, FL

2024 MAR 19 PM 3: 13

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MAR 20 2024

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ZenMTM LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/21/2023 and assigned  
Florida document number 1.23000523521.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

252 NW 29th St

**(Principal office address MUST BE A STREET ADDRESS)**

9th Floor

Miami, FL 33127

Enter new mailing address, if applicable:

382 NE 191st St

**(Mailing address MAY BE A POST OFFICE BOX)**

PMB# 850126

Miami, FL 33179

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SECRETARY OF STATE  
FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Edouard Nerette Jr.	2320 Southwest 67th Lane	<input type="checkbox"/> Add
		Miramar, FL 33023-2757	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	00Z Enterprises LLC	252 NW 29th St	<input checked="" type="checkbox"/> Add
		9th Floor	<input type="checkbox"/> Remove
		Miami, FL 33127	<input type="checkbox"/> Change
MGR	00Z Enterprises LLC	252 NW 29th St	<input checked="" type="checkbox"/> Add
		9th Floor	<input type="checkbox"/> Remove
		Miami, FL 33127	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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