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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
ZEM LIFE	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	B'SMITH, ZACHARY K		
		Name of Person	
	ZEM LIFE LLC		
		Firm/Company	
	2541 NORTH DALE MA	BRY HIGHWAY306	
		Address	
	TAMPA, FL 33607		
		City/State and Zip Code	
	ZACKYB22@YAHOO.CC		
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
ZACHARY K B'SMITH		339 793-1426	
Name o	f Person	at () Area Code Daytie	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres Registration S	Section	Street Address: Registration So	
Division of C P.O. Box 632	-	Division of Co The Centre of	•
Tallahassee, l			be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZEM LIFE ELC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000538715}{1.0000538715}$.	were filed on 12/05/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		~ ~ ~
		AM L:
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registers
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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>	Address	Type of Action
AMBR B'SMITH, ZACHARY K	240 107TH STREET CIR. E, UNIT 102	□ Add	
		BRADENTON FL 34212	≣Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□ Change

Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Mote; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the rd is filed. Dated MAY 16 2024 MAY 36 Supplier of a number of analysis of a number of a n	МЕМ	BER FROM ZEM LIFE LLC.
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		B'SMITH, ZACHARY K Typed or printed name of signee

Filing Fee: \$25.00