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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSTNESS 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.

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From: ZenBusiness User

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

	(Name of the Limited Liability Comme of the Limited Liability Commed to	iny a <u>y it now appears on our records.</u>) Jability Company)	· . <u>.</u>		
The Article	s of Organization for this Limited Liability Company	were filed on 01-03-2024	300	Fassigned	
	ument number 1.24000009297	were med on		in signed	
ms ament	lment is submitted to amend the following:				
If amer	nding name, <u>enter the new name of the limited liab</u>	ility company here:			
h	e most be distinguishable and contain the words "Limited Liabi	by Common "the beams of LC" and	. a chhan a inti .		
	•	ту соправу, те осядванов сп.с. ос в	е прасувания	II	
nter new	principal offices address, if applicable:				
^o rincipal (office address MUST BE A STREET ADDRESS)				
				26	
nter new	mailing address, if applicable:	***************************************		2624 AP	
Mailing ac	ddress MAY BE A POST OFFICE BOX)			= 7 5	
				1	
				~~~ ~~~	
	ding the registered agent and/or registered office a	iddress on our records, <u>enter the r</u>	name of the	newcregis	
gent and/	or the new registered office address here:		- ;	<i>\( \tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\ti}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}</i>	
				55	
<u>N</u> :	ame of New Registered Agent:				
Ne	ew Registered Office Address:				
-		Enter Florida street address			
		, Florida			
		City	Zer C	och	

## 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 om 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.

Page: 3 of 4

2024-04-09 05:15:46 UTC+14

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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:

MGR = Manager AMBR = Authorized Member

Īø:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Rana Zafarullah Shaker	260 NW 19th St	🗖 Add
		429 	<b>≡</b> Remove
		Boca Raton, FL 33432	
			□Aild
			CRemove
			∭Change
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Signature of a member or authorized representative of a member	<i>i</i> !	
	_	Signature of a member or authorized representative of a member
Asid Ramzin		Typed or printed name of signee