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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.

Account Number : I20230000190

: (844)449-3624

Phone Fax Number

: (512)597-0678

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

Email	Address	 ···	

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To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1124000334788 3

Surdution, LLC		<u></u>
(Name of the Limited Liability Comm (A Florida Limited	any as it now appears on our records.) Eachility Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.24000055969	were filed on <u>01/30/2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "I.I.C" or	the abbreviation "L.I. C."
Enter new principal offices address, if applicable:		•,
Principal office address MUST BE A STREET ADDRESS)		
		() ()
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid	

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.

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our resorts. or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MOR	BETHICKWITZ	4001 SANTA BARBARA BLVD	□Add
		NAPLES, FL 32040	■Romove
			[] Change
AMBR	Dana Hurwitz	12220 ITEC Hauf Drive	
		#213	□Remove
		Ft Myers, FL 33913	□ Change
MGR	Mark Taussig	12220 ITEC Hauf Drive	= Add
		h213	
		Ft Myers, FL 33913	☐ Change

			□Remove
			☐Change
			DRemove
			De hange
			□Remove
			(□Change

Page: 4 of 4

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fective date, if other than the date of filing:	oure prior to date o he applicable stai	i ming or more man ve-	(optional) days after filing.) Po cents, this date wi	rsmunt to 605,0 Il not be listed
ecord specifies a delayed effective date, but not an el is filed	fective time, at 1	2:01 a milion the part	ier of (b) The S	Oth day after t
October 3rd 20	24			
/s/ Mark Taussig		presentative of a mently		