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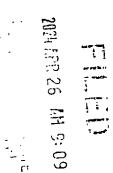
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	ZAMB INV	EST, LLC		
		Name of Lim	ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		DAVY KARKASON, ESO		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Transnational Matters PLL	.C	
			Firm/Company	
		2121 BISCAYNE BOULF	EVARD, #1878	
			Address	-
		MIAMI, FL 33137		
			City/State and Zip Code	
		Info@TransnationalMatters	com to be used for future annual report notif	**************************************
For further in	nformation co	e-man address: (oncerning this matter, please co	•	ncation)
Davy Karka	son, Esq.		305 417-9866 at ()	
	Name of Person Area Code Daytime Telephone S			
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZAMB INVEST, LLC 2024 RPR 26 AH 9:09 (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 February 2, 2024 __ and assigned Florida document number ____L24000058105 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ZAMBINVEST, LLC 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: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

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
N/A	N/A	N/A	DAdd
			□ Remove
			☐ Change
			□Add
			□ Remove
			□ Change
			🗆 Add
			□Remove
			□ Add
			□Remove
			Change
	,		□Add
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		 	□Remove
			□Change

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e date must be specific and in this block does not t	d cannot be prior t meet the applica	o date of filing or	more than 90 days aft	ter filing.) Pursuant to 6	605.0207 (isted as t
l effective date, but no	t an effective tin	me, at 12:01 a.r	n, on the earlier of:	(b) The 90th day a	fter the
	2024				
	;	'			
Signature of a	member or author	rized representat	ve of a member		
	member or author	rized representat	ve of a member		
i d	e date must be specific an in this block does not on the Department of deffective date, but no	e date must be specific and cannot be prior to in this block does not meet the application the Department of State's records. d effective date, but not an effective time. 2024 Signature of a member or authorn, Esq.	e date must be specific and cannot be prior to date of filing or in this block does not meet the applicable statutory fil on the Department of State's records. d effective date, but not an effective time, at 12:01 a.m. 2024 Signature of a member or authorized representation, Esq.	e date must be specific and cannot be prior to date of filing or more than 90 days af in this block does not meet the applicable statutory filing requirements, to on the Department of State's records. d effective date, but not an effective time, at 12:01 a.m. on the earlier of: 2024 Signature of a member or authorized representative of a member in, Esq.	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a , 2024 Signature of a member or authorized representative of a member

Filing Fee: \$25.00



February 28, 2024

DAVY KARKASON, ESQ. 2121 BISCAYNE BLVD., #1878 MIAMI, FL 33137

SUBJECT: ZAMB INVEST, LLC Ref. Number: L24000058105

We have received your document for ZAMB INVEST, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is I24000058105.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 424A00004319