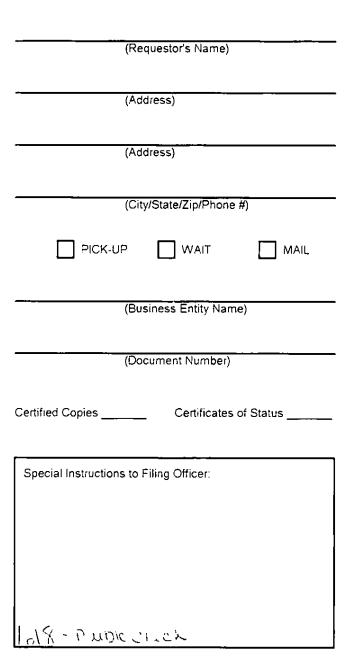
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	PBULEN Name of Lim	IERPRISES, L	LLC_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Wilguimps	Sawt Je Name of Person	<u>k</u>
	WST	KRANDS	
	150 S. A	Firm/Company	RI STE 300
	DANKTIL	Address	324
	INFO D W	City/State and Zip Code STBRAMS. 60 M to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	,	,
Wil So	unt JOAN	at (800) 831-	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ 825.00 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:
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

	V .					
ZipBUY E	JERPRI	Ses, Ll	_(
(Name of the Limi	ted Liability Compar (A Florida Limited L	iy as it now appears on o lability Company)	our records.)			
The Articles of Organization for this Limited L Florida document number <u>L 24000</u> 0	iability Company	were filed on/	14/200	and ass	igned	
This amendment is submitted to amend the foll	lowing:					
A. If amending name, enter the new name o	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."					
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designa	ation "LLC" or the	abbreviation "L.	L.C."	
Enter new principal offices address, if applic	cable:					
(Principal office address MUST BE A STREE	ET ADDRESS)			202		
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>			2024 APR 26 AH 11:46 S G T NE AY OF STATE	FILED	
B. If amending the registered agent and/or agent and/or the new registered office addre		ddress on our recore	ds, <u>enter the na</u>	ime of the nev	v registered	
Name of New Registered Agent: New Registered Office Address:	WS 1505	5 BRA	MS Eslant	RJ SI	E 340	
	PAKTION	Enter Florida st	reet address , Florida	359	 	

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>	Name 🗩	Address	Type of Action
MBR	Huldings, LLC	4567 N. PINCISHMURD STED SUNRISC [13335]	_ Madd
	Huldings, LLC	STED SUNRISC [] 33351	□Remove
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Frective date, if other than the date of filing: 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 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as accument's effective date on the Department of State's records. 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 list filed. atted Authority of a member or authorized representative of a member		
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