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(Cit	ty/State/Zip/Phone	e #)
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SECHLIARY OF STATE
TAILMINASSEE, FL

IL E D

TO: Registration So Division of Co				
	ic Ave ZZMM, LLC			
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Yosef Y. Popack			
		Name of Person		
	307 Atlantic Ave ZZMM,	LLC		
	Firm/Company			
	5840 Brookfield Circle E.			
		Address		
	Hollywood, Florida 33312	!		
	e.popack@pulsaribuilders.c	City/State and Zip Code		
		to be used for future annual report n	otification)	
For further information of	concerning this matter, please c	all:		
Yosef Y. Popack		310 990-5657		
Name o	of Person	Area Code Days	ime Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 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

DocuSign Envelope ID: 7C7AE5DB-C9FF-43E0-8555-6A0D5701C177

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp The Articles of Organization for this Limited Liability Company were filed of Florida document number L24000104008	
	on Teordary 28, 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
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)	
	
	19
Enter new mailing address, if applicable:	900 11
(Mailing address MAY BE A POST OFFICE BOX)	- 一
	2
B. If amending the registered agent and/or registered office address on a agent and/or the new registered office address here:	our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
Ento	er Florida street address
City	, Florida 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.

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It amending Authorized rerson(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
MGR	Pulsari Builders, Inc.	5840 Brookfield Circle E.	
		Hollywood, FL 33312	=Remove
			Change
MGR	IGR Yosef Y. Popack	5840 Brookfield Circle E.	= Add
		Hollywood, FL 33312	□Remove
			□Change
			□Add
			□Remove
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			£ /20 /2024			
ifective date, it	fother than the	e date of filing: _	5/30/2024		(optional)) Pursuant to 605.0207
an effective date is	listed, the date mu inserted in this b	st be specific and can lock does not meet	mot be prior to date the applicable sta	of filing or more thar atutory filing requi	i 90 days after filing.) rements, this date) Pursuant to 605.020; will not be listed as
ote: If the date	ive date on the D	Department of State	's records.	•		
ote: If the date						
ote: If the date ocument's effect		ve date, but not an	effective time, at	12:01 a.m. on the	earlier of: (b) Th	e 90th day after the
ote: If the date ocument's effect record specifies	a delayed effectiv					
ote: If the date ocument's effect record specifies lis filed.						
ote: If the date ocument's effect record specifies lis filed.	/30/2024					
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Filing Fee: \$25.00