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COVER LETTER

 Division of Corpor 	ations	2		
SUBJECT:	ZEPLAY N Name of Limite	d Liability Company	LLC	
The enclosed Articles of Am	endment and fee(s) are submi	atted for filing.		
Please return all corresponde	nce concerning this matter to	the following:		
	ELISA		PATRASC	U
	REPLA	Name of Person Mi A	Mi LU	<u></u>
	3040 NE 190 81		MAMI PL,	3318 ³
	MIAM	i, PUI	33100	5 .1 .0
-	.pat	City/State and Zip Code NOSCU L be used for future annua	144 0 a	Mark Burger
For further information conc	erning this matter, please call		•	至
CU SABETA Name of Per	PATRAJOU	at (<u>305</u>)	Daytime Teleph	3434
Enclosed is a check for the fo	ollowing amount:			
\$25.00 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	si am	Street A	Address:	

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

TO:

Registration Section

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

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 Name, Address 3040 NE 190 ST. Ap. 209 Type of Action EUSABETA PATRASCU MIAMI, PL 33180 BAdd · Title □Remove □Change \square Add Remove □ Change \square Add □Remove □Change □Add □Remove □ Change \Box Add ☐Remove

□Change

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa) (A Florida Limited Liability Compa)	Mi U C ny as it now appears on our records.)
(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000117445</u>	were filed on 03 07 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	
	/
Enter new mailing address, if applicable:	2024 AF 5ECR TVL
(Mailing address MAY BE A POST OFFICE BOX)	/ <u>En 3</u>
	5 5
	(1) (C) (T) (A) (
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	···
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Eiry 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.

Typed or printed name of signee