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## **COVER LETTER**

TO:		istration Sec ision of Corp			
SUBJE	CT.	Zara Indu	istries, LLC		
SUBJE	CI;		Name of Limi	ted Liability Company	
The end	losed	Articles of A	amendment and fee(s) are sub-	nitted for filing.	
Please r	eturn	all correspon	dence concerning this matter t	to the following:	
			Lina	Jouden Name of Person	
			Zaral	adustries, L	LC
			14391 Spr	ing Hill Dr. H	413
				City/State and Zip Code	
			Email address: (t	o be used for future annual report notif	fication) Com
For furt	her in	nformation co	ncerning this matter, please ca	att:	
	-14	Name of		at (352) Lolo T Area Code Daytime	e Telephone Number
Enclose	ed is a	check for the	following amount:		
<b>X</b> \$2:	5.00 F	filing Fee	\$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

Zara Industries, LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		_
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000227544</u> .	were filed on 05/16/24	an	d assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:		_ <u>;                                    </u>	2
(Principal office address MUST BE A STREET ADDRESS)			<u></u>
		2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	₹ <del>-</del>
		<u>,                                    </u>	٥ ارت
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			ρ 1
		<u> </u>	, ·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the na</u>	ame of th	e new regi
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address		
	. Florida		
	City	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.

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
AMBR	Linavoudeh	30123 Mossbank Dr. Wesley Chapel, FL 335	Add 5√3 □Remove
			hange
			Add
			Remove
			hange
			Add
			Remove
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an effec ote:   I	e date, if other than the date of filing:
record Lis file	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 d.
ated _	Jiene 4 2024
	//.//V/ . V /
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00