L24000247182

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
        Division of Corporations
        Fax Number      : (850)617-6383

From:
        Account Name    : ZENBUSINESS INC.
        Account Number  : I20230000190
        Phone           : (844)449-3624
        Fax Number      : (512)597-0678

**Enter the email address for this business entity to be used for future
    annual report mailings. Enter only one email address please.**

        Email Address:_____
```

2024 OCT -2 PM 2:37
SECRETARY OF STATE
TALLAHASSEE
FILED

RECEIVED
2024 OCT -2 PM 2:33
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WIDE OPEN PERFORMANCE LLC

Certificate of Status	0
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Page Count	04
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OCT 03 2024

Electronic Filing Menu   Corporate Filing Menu   Help

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Wide Open Performance LLC
_____
__(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 2024-05-30 _____ and assigned

Florida document number L24000247782 _____.

This amendment is submitted to amend the following:

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."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

_____

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__:

Name of New Registered Agent: _____

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 Changing Registered Agent, __Signature of New Registered Agent__

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Daniel Wright		☐ Add
			☐ Remove
		10489 Old Kings Road Jacksonville, FL 32219-2038	■ Change
AMBR	Loyd Locklear		☐ Add
			☐ Remove
		111 Bernard rd Jacksonville, FL 32218	■ Change
AMBR	Maeghan Wright		☐ Add
			☐ Remove
		10489 old kings rd Jacksonville, FL 32219	■ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

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_____

E. Effective date, if other than the date of filing: _____ (optional)

(If 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed

Dated _____10/2_____ ____2024_____

/s/Daniel Wright

_____
Signature of a member or authorized representative of a member

Daniel Wright

_____
Typed or printed name of signee

Filing Fee: $25.00