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(((H24000333682 3)))



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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

Fax Number : (512)597-0678 er the email address for this business entity to be used to annual report mailings. Enter only one email address please

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RNTLIQ L.L.C.

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2024-10-03 08:25:04 UTC+14 COVER LETTER

18506176383

From: ZenBusiness User

TO:		ration Sector of Corp.		
435 145 5 53	R.	NTĻIQ L.L	.C.	
SUBJEC	Ci: _		Name of Lim	ited Liability Company
The encl	losed A	rticles of A	mendment and fee(s) are sub	omitted for filing.
Please 16	eturn al	l correspon	dence concerning this matter	to the following:
			Allison Monzon	
				Name of Person
			ZenBusiness INC	
				Firm/Company
			336 E. College Ave Suite	301
				Address
			Tallahassee, FL 32301	
				City/State and Zip Code
			fulfillment@zenbusiness.co	on to be used for future annual report notification)
For furth	her info	rmation cor	neerning this matter, please c	·
c/o Zen	Busine	ss INC		844 493-6249
		Name of I	Person	Area Code Daytime Telephone Number
Enclosed	d is a cl	ieck for the	following amount:	
■ \$25 .	.00 Fili.	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Regis Divis P.O. I	g Address: tration Se ion of Co Box 6327 nassee, FI	ection rporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

To:

2024-10-03 08:25:04 UTC+14 18: ARTICLES OF AMENDMENT 18506176383 TO ARTICLES OF ORGANIZATION **OF**

pears on our records.)		
2024-06-24 and assigned		
here:		
ne designation "LLC" or the abbreviation "L.L.C."		
<u> </u>		
-2 PR ARY OF		
M S. F.		
PATE FILE		
r records, <u>enter the name of the new regi</u>		
		
Enter Florida street address		
, Florida Zin Code		
Eigi Cinie		

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

Page: 4 of 5 2024-10-03 08:25:04 UTC+14 18506176383 From: ZenBusiness User in amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

To:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Ryan Rochefort	1691 Forum PlSte B #317West Palm Beach, FL 3340)1 □Add
			E Remove
			□Change
AMBR	Jacob Coburn	1691 Fonim PISte B #317West Palm Beach, FT. 3340	11 □Add
			□Remove
			=Change
			□Add
		-	□Remove
			_ DChange
		.	□Add
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			DAdd
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			□Change

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fective date, if other that	n the date of filing:			(optional)	
fective date, if other than an effective date is listed, the da	te must be specific and e	annot be prior to	date of filing or more th	an 90 days after filing.) Pur	suant to 605.020
ote: If the date inserted in to be coment's effective date on			c statutory titing requ	airements, this date will	not be listed as
record specifies a delayed et	fective date, but not a	n effective time	. at 12:01 a.m. on the	earlier of: (b) The 90	th day after the
is filed.			, , , , , , , , , , , , , , , , , , , ,	,	
ated	,	2024	•		
/s/ Jacob	Coburn		ed representative of a r		

Typed or printed name of signee

2024-10-03 08:25:04 UTC+14

18506176383

From: ZenBusiness User

Page: 5 of 5

To: