Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240003362043)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 : (844)449-3624 Phone 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:

∰LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **RESTIA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Help

OCT 08 2024

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TO:

Registration Section

2024-10-05 06:31:23 UTC÷14 COVER LETTER

18506176383

From: ZenBusiness User

Division of Co	porations		
The Stamp	Collection LLC		
SUBJECT:	Name of Lim	sited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jonathan Taboada		
		Name of Person	<u>-</u>
	ZenBusiness INC		
		Firm/Company	.
	336 E. College Ave Suite	301	
		Address	
	Tallahassee, FL 32301		
		City/State and Zip Code	
	fulfillment@zenbusiness.co	om	
	E-mail address: (to be used for future annual report no	ification)
For further information of	oncerning this matter, please c	all:	
c/o ZenBusiness INC		844 493-6249	
Name o	f Person	ut ()Daytir	ne Telephone Number
Traine o			()
Enclosed is a check for t	he following amount:		
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Address Registration S Division of C	Section Corporations	Street Address: Registration Se Division of Co	rporations
P.O. Box 632 Tallahassee.		The Centre of	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

To:

2024-10-05 06:31:23 UTC+14 18: ARTICLES OF AMENDMENT 18506176383 TO

ARTICLES OF ORGANIZATION **OF**

Restia LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	oany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{1.24000407106}{1.24000407106}$.	y were filed on 2024-09-18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		7 - 15
Principal office address MUST BE A STREET ADDRESS)	<u></u>	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	a e
		<u> 5</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	e of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zin Code
New Registered Agent's Signature, if changing Registered Agent	·	Ziji Cilit

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.

Īo:

Page: 4 of 5 2024-10-05 06:31:23 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:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
ΛMBR	Itza Acevedo MD	5 Pine Look Pass	= Add
		Ormond Beach, FL 32174	□Remove
		US	Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
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(If an effecti Note: If	e date, if other tha tive date is listed, the da the date inserted in t t's effective date on	ite must be specific this block does no	and cannot be prio at meet the applic	cable statutory fil	nore than 90 days after ing requirements, this	onal) filing.) Pursuant to 605.02 s date will not be listed
the record s zord is filed		fective date, but i	not an effective t	ime, at 12:01 a.n	n, on the earlier of: (b) The 90th day after the
Dated	0/04		2024	<u> </u>		
	/s/Luis Oyola					
	12 Euta O Juia					
		Signature o	f a member or auth	orized representati	ve of a member	

Filing Fee: \$25.00