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Division of Corporations

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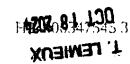
Division of Corporations Fax Number : (850)617-6383  From:  Account Name : ZENBUSTNESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678  Sente the email address for this business entity to be used for future containing and address please.  Email Address:  Comparison of Corporations Fax Number : (850)617-6383  Comparison of Corporations Fax Number : (850)617-6383  ALLAL TO PM 4:09  PM 4:09  Comparison of Corporations Fax Number : (850)617-6383  ALLAL TO PM 4:09  Figure 17	Account Name : ZENBUSTNESS INC.  Account Number : I20230000190  Phone : (844)449-3624  Fax Number : (512)597-0678  **Entes the email address for this business entity to be used for future  **Email address for this business entity to be used for future  **Email Address:  **Email Address:  **LLC AMND/RESTATE/CORRECT OR M/MG RESIGN					
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Enter the email address for this business entity to be used for future to amount report mailings. Enter only one email address please.**  Email Address:  LLC AMND/RESTATE/CORRECT OR M/MG RESIGN	TRENTIUM CAPITAL LLC  Certificate of Status  0  **Enter the email address for this business entity to be used for future email address please.**  **Capital Address:  **Capital Address:	from:	Account Number : I20: Phone : (844	230000190 4)449-3624	AHASSEE, FI	7 PH
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trentium Capital LLC		
(Name of the Limited Liability Comp. (A Florida Limited	niv as it now annears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 124000411929	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	ollity company here:	
The new name imist be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
		S 3 1
3. If amending the registered agent and/or registered office	address on our records, enter th	e name of the new registers
gent and/or the new registered office address here:		
Name of New Registered Agent:		ST F
		09
New Registered Office Address:	Enter Florida storet address	1 • 1
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## 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

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>	Name	<u>Address</u>	Type of Action
AMBR	Allexis Trent	1515 East Lake Drive	□Add
		Furt Lauderdale, FL 33316-3205	■Remove
			□Change
			□Add
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ne record specifics a delayed effect ord is filed	tive date, but not an effecti	ve time, at 12.01 a.m. on	the earlier of (b). The 90	ith day after the
10/17 Dated	2024			
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	aleb Trent			
	aleb Trent Signature of a member or	authorized representative of	a nember	<u>.</u> _