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.

(((H25000142311 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.

Account Number : I20230000190 Phone : (844)449-3624 : (512)597-0678 Fax Number

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 SERAPH KINGDOM LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY

APR 2 1 2025

Electronic Filing Monu

Corporate Filing Menu

Help

To:

Page: 2 of 4

2025-04-19 05:20:15 UTC+14 185 ARTICLES OF AMENDMENT 18506176383 TO

ARTICLES OF ORGANIZATION **OF**

	From: ZenBusiness	U
11360001	400110	

H250001423113

SERAPH KINGDOM 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 Compan Florida document number <u>1.25000156368</u>	y were filed on <u>04/01/202</u>	5 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	hility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ifity 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)		
	A3	
Cara and the solution of southern the		
Enter new mailing address, if applicable:	······································	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
		, lilorida
	City	Zip Gode
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as	e performance of my dutie.	s, and I am familiar with and

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

MGR= M AMBR= A	lanager athorized Member		H25000142311 3
<u> Fitle</u>	Name	Address	Type of Action
AMBR	Alisha Ramos	12049 Pioneers Way	[]Add
		Orlando, FL 32832	□Remove
			■Change
			□Add
			☐ ☐ Remove
			O Change
			To Co Co
			بب ERemove.
			L Change
			
			□Remove
			LJAdd
		 	[7]Remove
			☐ Change
			□ ∧dd

H250001423113

•	- Page: 4 of 4	2025-04-19 05:20:15 UTC÷14	18506176383 H25000	From: ZenBusin 423113
		ation, enter change(s) here: (Attach aa I-pop Album and Merchandise Store	lditional sheets, (f necessary.)	
	odate Business Pulpose. N	-pop Aloum and Werenmoise Store		
_				
_			产	7
_				13 L
_				7. 0.
_	<u> </u>			<u> </u>
	<u> </u>			
-				
(If an effec <u>Note:</u> II	rive date is listed, the date mu The date inserted in this b	e date of filing: In the specific and cannot be prior to date of filing lock does not meet the applicable statutory Department of State's records.	, or more than 90 days after filing.) Pursuan	t to 605.0207 (3)(b) be listed as the
If the record record is file		ve date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th d	ly after the
Dated _	April 18	2025		
	/s/ Brianna Harewo	od Signature of a member or authorized represent	tative of a member	1
	Brianna Harewood			
		Typed or printed name of sign	rec	

Filing Fee: \$25.00

To:

H250001423113