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(R	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Registration Division of (i Section Corporations		
	ARCH, INC		
SUBJECT:			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
	espondence concerning this matter	•	
	Janette Zaleski		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Hale and Doerr LLC		
		Firm/Company	
	913 Gulf Breeze Parkway	Ste 13	2023 SEP 1
	-	Address	SE SE
	Gulf Breeze FL 32561		2023 SEP PM 2: 40
		City/State and Zip Code	PM (
	info@haledoerr.com		7. E
For further information	E-mail address: i on concerning this matter, please c	to be used for future annual report notifically	cation)
	on concerning this matter, prease c		
Janette Zaleski		850 934-4288 at ()	
Nai	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fe	e S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Ad</u> Registratio	dress: on Section	Street Address: Registration Sect	tion

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZIEL÷ARCH, INC		
(<u>Name of the Limited Liab</u> (A Flori	lity Company as it now appears on our r da Limited Liability Company)	ccords.)
The Articles of Organization for this Limited Liability	Company were filed on $\frac{04/25/2018}{}$	and assigned
lorida document number P18000038297		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	nited liability company here:	
ZIELARCH, INC		
The new name must be distinguishable and contain the words "L	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADL	ORESS)	2123 SEP
		50 St. 1
Enter new mailing address, if applicable:	N/A	<u></u>
Mailing address MAY BE A POST OFFICE BOX		PM 12:
		<u> 72 193</u>
		f 0 /
B. If amending the registered agent and/or register agent and/or the new registered office address here		nter the name of the new registere
Name of New Registered Agent: N/A		
New Registered Office Address:		
New Registered Strice Address.	Enter Florida street e	uddress
		, 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 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 Name: Address Type of Action □Remove ___ □Remove

_____ □Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) 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 _ August 29 2023 Signature of a pigniber or authorized representative of a member Jeffrey Zielinski Typed or printed name of signee