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## **COVER LETTER**

	ision of Cor			
SUBJECT:	Ability Vita	amin, LLC		
SUBJECT.		Name of Lim	nited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Ryan Budwany		
			Name of Person	<u> </u>
			Firm/Company	<del></del>
		10801 Keeneland View St		
			Address	
		Tampa, FL 33626		
		ryan.budwany@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
Spencer			800 375-2453	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	filing Fee	□ \$30.00 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)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Ability Vitamin, LLC		o.	395 ***
(Name of the Lim	ited Liability Compa	iny as it now appears on bi	125 AUGUS 12 PM 2: 22
The Articles of Organization for this Limited Florida document number	Liability Company	were filed on 04/03/20	1251. LAHASSEE, pand assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
AbilityAI, LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	10801 Keeneland View	» St.
(Principal office address MUST BE A STREET ADDRESS)		Tampa, FL 33626	
	· <del>-</del>	<del>-</del>	
Enter new mailing address, if applicable:		10801 Keeneland View	v St.
(Mailing address MAY BE A POST OFFICE BOX)		Tampa, FL 33626	
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the name of the nev
Name of New Registered Agent:	Mehrangez S. J	amshedova	
New Registered Office Address:	10801 Keenelai	nd View St.	
		Enter Florida stre	et address
	Tampa		, Florida <sup>33626</sup>
		City	Zin 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.

Mehrangez S. Jamshedova

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 = M $AMBR = A$	lanager authorized Member			
<u>Title</u>	<u>Name</u>	Address	FILED	Type of Action
AMBR	Ryan Budwany	10801 Keeneland	2025 HAY 12 PH 2: 22	
		Tampa, FL 3362	&ECRETARY OF STATE TALLAHASSEE, FL	Removc
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<del></del>	
Effective date, if other than the date of an effective date is listed, the date must be spectioner. If the date inserted in this block does locument's effective date on the Department.	cific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 es not meet the applicable statutory filing requirements, this date will not be listed as to
e record specifies a delayed effec The 90th day after the record is	tive date, but not an effective time, at 12:01 a.m. on the earlier of filed.
ated May 2	
O.	

Page 3 of 3

Filing Fee: \$25.00