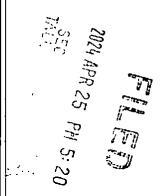


(Re	equestor's Name)
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PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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	Office Use Only



_04/25/24-401<mark>|</mark>17-40)8 **1575.00



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Khalil Ventures of Louisville LLC				
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears of ability Company)	our records.)		
The Articles of Organization for this Limited Liability Company		7/26/2015	and	l assigned
Florida document number L15000127502				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:	FFG St. Matth	ws, LLC	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the desig	nation "LLC" or the	labbreviation	n "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	
				
Enter new mailing address, if applicable:			TAIL SE	2024
(Mailing address MAY BE A POST OFFICE BOX)				20 1
]	N 2000
				
B. If amending the registered agent and/or registered office ad	dress on our reco	rds, enter the n	me of the	
agent and/or the new registered office address here:				<i>ा</i> ये दृष्टाक्
Name of New Devices and Assess			775	0
Name of New Registered Agent:	-		<u>. </u>	
New Registered Office Address:	Enter Florida		<u> </u>	
	rmer r torku	street address		
	City	Florida	Zip C	ode
New Registered Agent's Signature, if changing Registered Agent:	Ç.			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my ovided for in Cha	duties, and I an pter 605, F.S. Q	n familiar r, if this a	with and locument is
If Change	ing Registered Agent	Signature of New	Registered	Agent
II Chang	me medimenen vident	Marchie di Men		<u>,>_>111</u>

Page 1 of 3

If amendin	g Authorized Person(s) authorized to a from our records:	nanage, enter the title, name, a	nd address of each person being added
MGR = N AMBR = A			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			OAdd
			□ Change
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			□Add
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			☐ ☐ ☐ ☐ Change
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			Change

Page 2 of 3

If amending any other inform	nation, enter change(s) here: (Attach additional sheets,	, if necessary.)
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Tee at the term of all all all	04/18/2024	
(If an effective date is listed, the date manual of the listed in this document's effective date on the	ne date of filing:	(optional) ays after filing) Pursuant to 605.0207 (3 ents. this date will not be listed as the
the record specifies a delay) The 90th day after the re	ed effective date, but not an effective time, at 13 ecord is filed.	2:01 a.m. on the earlier of:
. April 19	2024	
Dated April 19	·	
	11/1/	j
	Signature of a member or authorized representative of a member	
	-	
Mohamed Khalil		
	Typed or printed name of signee	
		[]

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Filing Fee: \$25.00