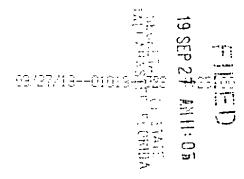
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## **COVER LETTER**

TO: Registration Section Division of Corpo				
SUBJECT:	VN FUN Name of Limi	A SIAL ted Liability Company	Bowl	LLC
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.		
Please return all correspond	ence concerning this matter t	to the following:		
		Name of Person		
	Fun Fo	Firm/Company	Bowl C	<u> </u>
		123 ST Address		_
	North 1	City/State and Zip Code  Torres @ Sin o be used for future annual tepo	33161	
	Che F Xayev E-mail address: (1	o be used for future annual tepo	naile Con-	<u>`</u>
For further information con	cerning this matter, please ca	ill:		
Your A	Tones	at ( <u>78</u> 7) <u>60</u> Area Code D	67-40	112
Name of P	сі жіі	Area Code 1.	rayume retephone Nut	niter
Enclosed is a check for the	following amount:			
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Centi Centi	J Filing Fee, ficate of Status & fied Copy fonal 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

## TO ARTICLES OF ORGANIZATION OF

tun tun Asi	ian P	Dw/	6.6.	<u> </u>		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	p <mark>any as it now a</mark> I Liability Comp					
The Articles of Organization for this Limited Liability Company Florida document number <u>LL90000</u> 747	y were filed o	n <u>75/5</u>	1201	· G :	ınd ass	igned
Florida document number						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	<u>bility compa</u>	ny here:				
The new name must be distinguishable and contain the words "Limited Liab	bility Company,	the designation	n "LLC" or th	e abbrevia	tion "L.	1C.
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>		
			_		9 SEP 2	An Agray A g Galesana
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>		
					<u> </u>	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office addre ere:	ss on our r	ecords, <u>en</u>	ter the	name	of the nev
Name of New Registered Agent:						
New Registered Office Address:						
	En	er Florida stree	t address			
			Florida	.,	r Code	<del></del>
Name Districtional Agent's Clarestove if changing Registered Agent	Сцу			<i>(</i>	r Chac	

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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UGR_	Lavier lorres	150 NE 1235T	□ Add
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this b document's effective date on the E	ist be specific and cannot be block does not meet the a	pplicable statutory f	or more than 90 days after	(filing.) Pursuant t	to 605,0207 (3), e-listed as the
the record specifies a delaye  ) The 90th day after the rec	cord is filed.	t not an effectiv	e time, at 12:01 a	a.m. on the e	earlier of:
Dated 25/09/20	7.67	·			
	Signature of a member or	authorized representa	tive of a member		
Yavier	A Tollis	printed name of signe	· ·		_