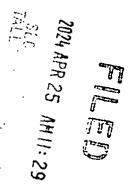


(F	Requestor's Name)
(A	Address)
(A	Address)
(C	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(E	Business Entity Name)
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Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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	Office Use Only



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Khalil Ventures of Bellaire LLC

What Vendes of Denaire Else]	
(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 Company were filed on 04/08/2019	and assigned	d
Florida document number L19000094214 .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here: FFG Bellaire	LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	labbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
	<u> </u>	
Enter new mailing address, if applicable:	1 , _,	
(Mailing address MAY BE A POST OFFICE BOX)		—
	PR	7
B. If amending the registered agent and/or registered office address on our records, enter the na	.1	112
agent and/or the new registered office address here:	Integration the new reg	· ·
	AH AH	12maß
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	29	
Enter Florida street address	<u> </u>	
Florida		
City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	1	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further provisions of all statutes relative to the proper and complete performance of my duties, and I a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. 6 being filed to merely reflect a change in the registered office address, I hereby confirm that the company has been notified in writing of this change.	n familiar with and r, if this document	d
If Changing Registered Agent, Signature of New	Registered Agent	
Page 1 of 3		

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of or removed from our records:		ess of each person being added			
MGR = AMBR =	AGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			□Add		
			□Remove		
			□ Change		
			□ Add		
			□Remove		
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Page 2 of 3

	ling any other information, enter	r change(s) here: (Attach additional sheets, if nece	ssarv.)
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		04/18/2024	
an effecti lote: If	e date, if other than the date of filive date is listed, the date must be specific the date inserted in this block does not's effective date on the Department of	and cannot be prior to date of filing or more than 90 days after of meet the applicable statutory filing requirements, this	filing) Pursuant to 605.0207 (
	rd specifies a delayed effectiv	re date, but not an effective time, at 12:01 a	on the earlier of
e recor The 90	Oth day after the record is file	cu.	<u>l</u> i
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The 90	Oth day after the record is file		
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