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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	ue #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		5/21/21 Tm

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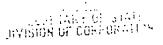
COVER LETTER

: Registration Section Division of Corporations
SUBJECT: Vaddam Enterprise LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mitoria Durham Name of Person
Vaddam Enterprise, LLC Firm-Company
2637 E Atlantic Blvd Ste# 1029
Pompano Poegan FL 33062 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mitoria Durham at (954) 854-4940 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status S55.00 Filing Fee Scrifficate of Status Scriffic

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 APR -1 PH 12: 22

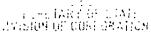
Vaddam Ende	MAN ANDERSON WILL	C records)			
(A Florida Limited	Liability Company)	<u>1000 us.</u> /			
The Articles of Organization for this Limited Liability Company	y were filed on Febru	(114 8, 2021 and assigned			
Florida document number <u>L210000 L41697</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	pility company here:				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	<u> </u>				
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office	address on our records,	enter the name of the new registered			
agent and/or the new registered office address here:					
Name of New Registered Agent:					
New Registered Office Address:		·			
	Enter Florida street address				
		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 21 APR - 1 PH 12: 22 Title 1 Address Type of Action Name. 2637 EAtlantic Blvd BAdd MGR Andre Ducham Pompano Benan, FL 33062 Ochange 2637 E Allantic Blvd DAdd MCR Mitoria Durham SUITE#1029 PRemove Pompano Beach, FC33060 - Change Pres Andre Ducham 2637 EAtlantic Blud DAdd Suite#1029 IRemove Pompano Beach, FC 33060 Change VP Mitoria Durham 2637 EAtlantic Blud DAdd Suite #1029 TRemove Pompano Beach, FL 33062 Ochange DAdd ____ □Change

me	ending any other information, enter change(s) here: (Attach additional sheets if necessary)
_	Acticle III
_	The purpose for which this Limited Liability
	Company is organized is: Any and all
	Lawful Business.
_	
_	Article IV
_	The name and Florida Street address of the
_	registered agent is :
	Mitoria Ducham
_	
_	21037 E Atlantic Blvd
_	Suite 1029
_	Yompano Brach, FL 33062
	·
_	
-	
_	
_	
He	ive date, if other than the date of filing: February 8 2021 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste ent's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.
-	Maren 25 2021
	Metario) Dochan
	Signature of a member or authorized representative of a member
	\

Filing Fee: \$25.00