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Tallahassee, FL 32314

Registration So Division of Cor			
ЭЕСТ :		vec Food Ma	of Lle
	Name of Lin	nted Liability Company	
imclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
	ondence concerning this matter		
	Stlarit 0	JAh SOMPON Name of Person	
		Firm Company	
	5820 Beal	Rose RD R	
	fanama e	Address Address	
	SUJAK E-mail address: (68 300 Yahro	Co W
urther information c	oncerning this matter, please c	all;	
JW VKY	f Person	at (6-16) 575 Area Code Daytim	9254 e Telephone Number
osed is a check for t	he following amount:		
\$25.00 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 of C	Section Corporations	Street Address: Registration Sec Division of Cor	porations
P.O. Box 632	2.7	The Centre of T	attanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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2023 FEB 14 PH 4: 36

Bot Rech Rooc SECRETARY OF THE Articles of Organization for this Limited Liability Company were filed on 07-30-21da document number 12/00001/5500 amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". *r new principal offices address, if applicable: ricipal office address MUST BE A STREET ADDRESS) . Ir new mailing address, if applicable: illing address MAY BE A POST OFFICE BOX) f amending the registered agent and/or registered office address on our records, enter the name of the new registered at and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

Registered Agent's Signature, if changing Registered Agent:

why accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the stons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and so the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is a filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability pany has been notified in writing of this change.

CIIV

.mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added .emoved from our records:

R = Manager

1BR = Authorized Member

•	Name	Address	Type of Action
AMBR	Mer MD BHYZID HOSSI	nin 5820 Beat Rove	RI) _□Add
<u> </u>		Address NIN 5820 BOOT Race Pamama City FL 324	661 Bemove
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erie <u>::</u>	re date, if other than the date of filing:
ord file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
rd _	02-14-2023
	Signature of a member of authorized representative of a member
	517ARIF ULLAH SOW PORY Typed or printed name of signee

Filing Fee: \$25.00