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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DESI JAYA.LLC**

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T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Desi Jaya.LLC					
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) offity Company)				
The Articles of Organization for this Limited Liability Company we Florida document number L21000371570	ere filed on 08/18/21	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
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 addagent and/or the new registered office address here:	dress on our records, <u>enter the na</u>	me of the new register			
Name of New Registered Agent:		ZZ MAR			
New Registered Office Address:	Enter Florida street address	FILED R +6 A R × Y OF R × SSEC.			
	Florida				
New Registered Agent's Signature, if changing Registered Agent:	City	J: 2: VALE			

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Barry David Garafola Jr.	16435 KINGLETRIDGE AVE	, ※ Add
		LITHIA, FL 33547	□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
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If an effective date is listed, the date must Note: If the date inserted in this blo	t be specific and cannot be prid sek does not meet the appl	icable statutory filing re	(optional) than 90 days after filing.) Pequirements, this date wil	rsuant to 605.0207 (I not be listed as t
fan effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De e record specifies a delayed effective	t be specific and cannot be pricock does not meet the apple partment of State's record	icable statutory filing re ls.	than 90 days after filing.) Pu equirements, this date wil	That be listed as t
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fan effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De e record specifies a delayed effective rd is filed.	the specific and cannot be prioned does not meet the application of State's record and the application of State's record and an effective	icable statutory filing re ls.	than 90 days after filing.) Pu equirements, this date wil	i not be listed as t
Effective date, if other than the alternative date is listed, the date must Note: If the date inserted in this blo document's effective date on the Deer record specifies a delayed effective and is filed. Dated 04/06	the specific and cannot be prioned does not meet the application of State's record and the application of State's record and an effective	icable statutory filing rels. time, at 12:01 a.m. on t	than 90 days after filing.) Pur equirements, this date wil the earlier of: (b) The 9	That be listed as t

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