## 121000394877

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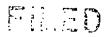
A. BUTLER NOV 0 1 2021 COVER LETTER

Division of Co			
SUBJECT:	Destruct Valketer Name of the	Enterperse L	<u></u>
The enclosed Articles of	Amendment and feet of the Set	online i the filling	
Please return all correspo	ondence concerning this matter	the following:	
	SEFA -	DURURVURUR Name of Person	
	Dururvur	ur Enterprise L	
	3333 Port	- Royale Dr S.	Unit 729
	Fort Laud Sefa @ p	erdale FL 3330 City State and Zin Coole Prince venture capit to an add in filture addance of the latter	a).com
	oncemby in sautor menor	· ·	
Name of	Person	at ( <u>561</u> ) <u>914 -</u> Arar Code — Englind	Telephone Number
Enclosed is a check for th	e following amount:		
<b>≯</b> \$25.00 Filing Fee	□ \$30.00 Filing Fee &	Z \$85.60 Fitting Fee & Continuous spy. additional copy is enclosed)	2 \$60,00 Filing Fee. Continued of Status & Centified Copy touditional copy is enclosed)
Mailing Address	:	Street Address:	

Registration Section
Division of Corporations.
P.O. Box 6327 Tallahassee, Ff. 32314

Registration Section
Division of Corporations
The Centre of Inflahassee
2415 N. Monroe street, Suite 810 Follahassee, FL 12303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Duryrvurar Enterprise LLC 2021 OCT 21 PH 12: 34
(Name of the Limited Liability Company as it now appears on our records.) (A Founda Limited Liability Company)  CALLAGOREE, FL
The Articles of Organization for this Limited Liability Company were filed on
Florida document number <u>LZ1000394877</u> .
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 "LLC."
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 address on our records, enter the name of the new registered
agent and/or the new registered office address here:
Name of New Projectored Amount
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 Changing Registered Agent, Signature of New Registered Agent

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
MGR	Sefa Dururvurur	3333 port royale dr. S. un:+ 729, FT Landerdale	XAdd FL 33308
			□Change
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			□Remove
			□Change

Note:	ive date, if other than the date of filing:
ie recor ord is fi	d specifies a delayed effective date, but not an effective time, at \$\partial 2:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	Self Summer of a member of authorized representative of a member

Typed or printed name of signer