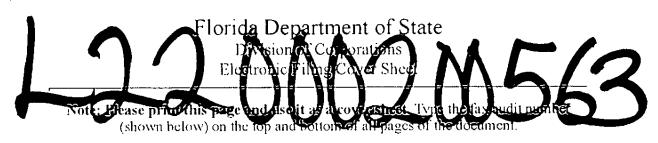
To: 18506176383 From: 19166105073 Date: 11/14/22 Time: 5:39 PM Page: 02/05

11/14/22, 11:36 AM

Division of Corporations



(((H22000388049 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

22

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. 1., 2698

Account Name : PARASEC

Account Number : I20180000086

Phone : (916)576-7000

Fax Number : (800)603-5868

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

Email Address: RLOPS@PARASEC.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VARDANKAR LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

i.3/ <u>\*</u> 2022

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Help

To: 18506176383 From: 19166105073 Date: 11/14/22 Time: 5:39 PM Page: 03/05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VARDANKAR LLC	av as it now appe	ars on our records.)	<del></del>
( <u>Name of the Limited Liability Compar</u> (A Florida Limited I.	iability Company		
The Articles of Organization for this Limited Liability Company florida document number <u>L22000200563</u>	were filed on _	04/27/2022	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company l	<u>nere</u> :	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del>_</del>		
Principal office address MUST BE A STREET ADDRESS)			
			2022 NOV 1
Inter new mailing address, if applicable:		<u>.                                    </u>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			
			25. <b>12</b>
			ိုက် ယ
<ol> <li>If amending the registered agent and/or registered office a igent and/or the new registered office address here;</li> </ol>	address on our	records, enter the na	ime of the new registe
gent and/or the new registered writer data construction.			
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Villes Palaress	Enter F	lorīda street address	
	_	, Florida .	
	Ciņ	<u> </u>	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.

To: 18506176383 From: 19166105073 Date: 11/14/22 Time: 5:39 PM Page: 04/05

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Hilary Venema	99 Nicuwe Laantjes,	(XAdd
		Hague Zuid 2584-RT	□Remove
			Change
AMBR	Shawn Doucet	1221 Old Esquimalt Rd	NAdd
		Victoria B.C V9A 4N7, Canada	[]Remove
			□ Change
	<u></u>		L[Add
			□Remove
	<del> </del>		
			Remove □
			Change
			□ Add
			□Remove
			[] Change
			□Add
			□Remove
			[] Change

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Filing Ree: \$25.00

Typed or printed name of signee

Heather Giamboi