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FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

07/25/22

NAME: A VO ENTERPRISE LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| | A Vo Enterprise LLC | | |
|--|---|---|--|
| (Name of the Lin | ilted Liability Company as it now appears on c (A Florida Limited Liability Company) | ur records.) | |
| The Articles of Organization for this Limited | Liability Company were filed on May 25, | 2022 and assigned | |
| Florida document number L22000243729 | - | | |
| This amendment is submitted to amend the fo | llowing: | | |
| 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 designa | tion "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if appli | icable: . | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | <u></u> | | |
| B. If amending the registered agent and/or agent and/or the new registered office addr | registered office address on our recordess here: | s, enter the name of the new registere | |
| Name of New Registered Agent: | Apôlio Vo | | |
| Now Project and Office Address | | | |
| New Registered Office Address: | Enter Florida street address | | |
| | <u></u> | , Florida | |
| | Ciŋ: | 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 |
|--------------|-------------|--|----------------|
| AMBR | Apollo Vo | 9221 55TH ST N | □ Add |
| | | PINELLAS PARK, FL 33782 | □ Remove |
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| ffective date, if other than the an effective date is listed, the date motor. If the date inserted in this occument's effective date on the | plock does not me | et the applicable: | e of filing or more the | (optiona an 90 days after filin uirements, this da | l) ng.) Pursuant to 605.020 te will not be listed a |
| record specifies a delayed effect is filed. | ve date, but not a | n effective time, a | it 12:01 a.m. on th | e earlier of: (b) | The 90th day after the |
| June 29 | | 2022 | | | |
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| ated | i In | 1/6 | representative of a r | | |

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