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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Replace under Authorized Person Name of Limited Liability Con	ncs) Detailby: Reyman J. Mirfirooz
The enclosed Articles of Amendment and fee(s) are submitted for filing	;
Please return all correspondence concerning this matter to the following	t.
Peynow Tahan A	1.YFirouz_
HBH + Yan + Portation Firm/Com	opany
SOUN NEW YORK	(AUR 1554
Winty Park FL 37 City/State and	
Peyna TMFA amai	ire annual report notification)
For further information concerning this matter, please call:	
Peynon FMi VFIY COZ at 40 Name of Person Area	Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee Certificate of Status Certified (additional	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 AUG -4 PM 12: 54 (Name of the Limited Liability Company as it now appears on our records, VIV. IANT OF STATE (A Florida Limited Liability Company)

[A Florida Limited Liability Company] The Articles of Organization for this Limited Liability Company were filed on $\frac{O7-O(o-3c)2}{2}$ and assigned Florida document number <u>L 2200301993</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 "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Prynar Jahan Mir FIGOUZ Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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

Title	<u>Name</u>	Address	Type of Action
Amor	Peyman Mirriracz	300 N New York Ave 1554 winterPark FL 32790	1_10 Add
			_ □Change
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D. If amending any other information, enter change(s) here: (Attach additional s	theets, if necessary.)
Under "Authorized Person(s) De	tail
Under 'Authorized Person(s) De amended from 'NONE" to of Peyman J. Mirfiroo	o the name
of Peyanois T. Mirficas	2
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	PH 12: 51
	TIE TO
	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing requidenment's effective date on the Department of State's records.	(optional) on 90 days after tiling.) Pursuant to 605.0207 (3)(uirements, this date will not be listed as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ecord is filed.	e earlier of: (b) The 90th day after the
Dated 07-28 22.	
Pe May Value M: Y Fix oaz Typed or printed name of signee	
Signature of a member of authorized representative of a n	HCHH/CI
Peynan Trahan Mir Firouz	
Typed or printed name of signee	

Filing Fee: \$25.00