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COVER LETTER

	Registration Se Division of Cor			
CHD IF C		ntures, LLC		
SUBJEC	,1: <u> </u>	Name of Lin	nited Liability Company	
The enclo	nsed Articles of	Amendment and fee(s) are sub	amitted for filing	
		ondence concerning this matter	<u> </u>	
		Athanasios Mazas		
			Name of Person	
		Mazi Realty		2024 J SEC TA
		***************************************	Firm/Company	
		949 Broadway		2024 APR -1 PH 1:5
			Address	
		Dunedin, FL 34698		7: 56 7: 56
		,,,,	City/State and Zip Code	
		thano@mazirealty.com		
		E-mail address: (to be used for future annual report notifi	cation)
For further	er information c	oncerning this matter, please c	all:	
Athanasi	os Mazas		727 6982626 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
]	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 7	Street Address: Registration Sectorial Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations illahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vyllain Ventures, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on 08/03/2022	and assigned
Florida document number L22000342425		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
Mazi Realty, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	949 Broadway, Dunedin, FL 340	598
Principal office address MUST BE A STREET ADDRESS)		2024 PR
		PR PR
		鹤上海
Enter new mailing address, if applicable:		See PE
Mailing address MAY BE A POST OFFICE BOX)		74 7
		- FE 6
		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floi	rida
	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 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
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			□Remove
			□Change
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			Remove DChange
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			□ Change

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MGR = Manager AMBR = Authorized Member

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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list imment's effective date on the Department of State's records. 1 Cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filed.			H. 172
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Handman .	s filed.		
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Signature of a member or authorized representative of a member	04/02	2024	
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