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|                           | (Requ    | uestor's Name  | <del>)</del> |       |
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| Certified Copies          |          | Certificat     | es of S      | tatus |
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| Special Instructions      | s to Fi  | iling Officer: |              |       |
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### **COVER LETTER**

| TO: Registration Se<br>Division of Cor  |  |   |  |
|---|--|---|--|
| C <sub>1</sub> ,                        | 1- N' Q d-                                   |   |  |
| SUBJECT: UC                             | Name of Lin                                  | nited Liability Company                   | <del></del>                                      |
|   | ,  |   |  |
|   |  |   |  |
| The enclosed Articles of                | Amendment and fee(s) are sul                 | bmitted for filing.                       |  |
| Please return all correspo              | ondence concerning this matter               | r to the following:                       |  |
|   | 12000  |   |  |
|   | <u>Cheorgia</u> r                            | Name of Person                            | <del></del>                                      |
|   | 9  | Name of Person                            |  |
|   |  |   |  |
|   |  | Firm/Company                              |  |
|   | 1276 W                                       |   |  |
|   | 621) (NO                                     | Address                                   |  |
|   |  | Address                                   |  |
|   | Vissimmee                                    | 0 4.34747                                 | ,  |
|   |  | City/State and Zip Code                   | <u> </u>   |
|   |  |   |  |
|   | E-mail address:                              | (to be used for future annual report noti | fication)  |
| For further information c               | oncerning this matter, please c              | eall:                                     |  |
|   |  |   |  |
|   |  | at ()                                     | ···  |
| Name o                                  | f Person                                     | Area Code Daytim                          | e Telephone Number                               |
|   |  |   |  |
| Enclosed is a check for th              | ne following amount:                         |   |  |
| ☐ \$25.00 Filing Fee                    | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy  | ☐ \$60.00 Filing Fee,<br>Certificate of Status & |
|   |  | (additional copy is enclosed)             | Certified Copy<br>(additional copy is enclosed)  |
|   |  |   |  |
| <u>Mailing Addres</u><br>Registration S |  | Street Address:<br>Registration Sec       | ction  |
| Division of C                           |  | Division of Cor                           |  |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2023 JAN 27 PM 4

SECRETATION STATES.

| Suda N' Buda LLC   | , IALLAHASSEE, I  |
|--|---|
| (Name of the Limited Liability Cor<br>(A Florida Limit   | npany as it now appears on our records.) led Liability Company)       |
| The Articles of Organization for this Limited Liability Comparing document number <u>L 22000366435</u>             | any were filed on $\frac{08/12/2022}{}$ and assigned                  |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited !   | iability company here:  |
| The new name must be distinguishable and contain the words "Limited I.   | iability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | 2375 thacker trail  |
| (Principal office address MUST BE A STREET ADDRESS   | Vissimmee, PL<br>34747  |
| Enter new mailing address, if applicable:  | 2375 thacker trail  |
| (Mailing address MAY BE A POST OFFICE BOX)   | Kissimmee, Sc   |
|  | 34747   |
| B. If amending the registered agent and/or registered offi<br>agent and/or the new registered office address here: | ce address on our records, <u>enter the name of the new regi</u>      |
| Name of New Registered Agent: hyan   | Yarian  |
| New Registered Office Address: 2375  | Enter Florida street address  |
| Ussim  | Mee , Florida 34747 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 wi provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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, <u>enter the title, name, and address of each person\_being or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address                                   | Type of Acti                      |
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| (If an eff<br><u>Note:</u> | ive date, if other than the date of filing:   |
| f the red<br>b) The        | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| Dated                      | 1-26 <u>2013</u>  |
|                            | Signature of a pember or authorized representative of a member  |
|                            |   |
|                            | Typed or printed name of signee   |