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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : US TAX CONSULTING INC

Account Number : I20160000050

: (407)674-8969

Phone Fax Number

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIKING GRILL LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF VIKING GRILL LLC

The Articles of Organization for this Florida Limited Liability Company were filed on <u>09/15/2022</u> and assigned Florida document number: L22000402652

Article 1

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."

Article II

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

5010 LIGHTERWOOD CT, OCOEE, FL 34761

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

5010 LIGHTERWOOD CT, OCOEE, FL 34761

Article IV

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:

Name of New Registered Agent:

New Registered Office Address:

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	Name .	Address	Type of Act	Type of Action	
AMBR	ARAWO, ANDRESSA	15469 MURCOTT HARVEST LOOP	REMOVE		
		WINTER GARDEN, FL 34787	ADD		
AMER	PORTO, GUSTAVO	5010 LIGHTERWOOD CT	REMOVE		
		OCOEE, FL 34761	DOA		
C. If ame		on, enter change(s) here: (Anach additional :	sheets, if necessary.	.) —	

D. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: July 19th 2023

Gustava Forto AMBR

Sebastiao & Ribelro / AMBR

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