## 12300063773

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
10/,

Office Use Only



100436461071

09/13/24--01017--016 \*\*35.00

10/14/24 K4

> FILED SECTEDARY OF STATE SECTEDARY OF STATE

## COVER LETTER

Division of Corpor	
SUBJECT:	BEFORE VALLT LLC
	Name of Limited Liability Company
The enclosed Articles of An	nendment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	VICTOR LUE-147
	_
	BEFORE VALLT LLC Firm/Company
	· ·
	468 Fraen Woods CI
	Address
	Ovieds + L 32765
	968 Arden Woods Ct  Address  Ovieds FL 32765  City/State and Zip Code Kelika group. com  Signification of the contraction of th
-	E-mail address: (to be used for future annual report notification)
For further information conc	cerning this matter, please call:
VICTOR	at (954) 44 8063  Area Code Daytime Telephone Number
Name of Pe	erson I Area Code Daytime Telephone Number
Enclosed is a check for the f	following amount:
-	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &
#35 previous	definition copy is enclosed)  Certificate of Status &
Called office c	ind was
Hold not to se	end may add <sup>3</sup>
Registration Sec	etion  Street Address: Registration Section
Division of Cor	porations Division of Corporations
P.O. Box 6327 Tallahassee, FL	The Centre of Tallahassee 32314 2415 N. Monroe Street, Suite 810
rananassee, re	Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FORE VACUE	TLLC	
(Name of the Limited Liab (A Flori	ility Company as it now appea da Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability		00 03 2023 and assig	ned
Florida document number <u>LD3000637</u>	73		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company h	nere:	
The new name must be distinguishable and contain the words "Li	imited 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 ADD	ORESS)		
			<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here		records, enter the name of the new	registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orīda street address	
		, Florida	
	City	Zip Code	<del></del> -

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>	Name	Address	Type of Action
AMBR	MUHAMMAD USAMA	PO Box 6214111	MAdd
		OVIEDO FL 32762	Remove
			🗆 Change
AMBR	SUDTAIN AFZAL	POBOX G214H	<b>∑</b> Add
		POBOX 6214H Oviedo FL 32762	□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			🖸 Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□ Remove
			□Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
	<del></del>
(If an e Note:	tive date, if other than the date of filing:
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	SEPT 23 2024.
	Kuldehta
	Signature of a member or authorized representative of a member
	VICIOR LUE 197

Filing Fee: \$25.00