L230000 84399

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(Address)	_
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor			·
FOODFLO SUBJECT:	W LLC	·	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	Ţ	
	Jordan Benmoha		
	e	Name of Person	
	Foodflow LLC		
		Firm/Company	
	1033 Sandalwood Ln		2024 APR -5 SECRETARY
	-	Address	22 A
	Weston FL 33326		EX OF PH
		City/State and Zip Code	PH 4: 33
	jordanbenmoha@gmail.com		三
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report notificat	ion)
Jordan Benmoha	one on the state of the state o		
		at ()	
Name o	f Person	Area Code Daytime Te	lephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 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	ss:	Street Address:	
Registration 5	Section	Registration Section	
Division of C P.O. Box 632	-	Division of Corpor The Centre of Tall	
Tallahassee,		2415 N. Monroe S Tallahassee, FL 32	treet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOODFLOW LLC			
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	iv as it now appears on our reconsibility Company)	ords.)	
The Articles of Organization for this Limited Liability Company	were filed on 02/15/2023	and as	signed
lorida document number L23000084399			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liabi	lity company here:		
Vitruvian LLC			
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LI	LC" or the abbreviation "I	L.C."
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		2021 SEI	
The space dures west by A STREET ADDRESS		RE ORE	[]
	·	255	47 Januari 2012/12
		変異 め	1
nter new mailing address, if applicable:		- 설득 포	o ()
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	1
		<u> </u>	
		1.1	
If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>ente</u>	er the name of the ne	ew regi
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addi	ress	
	. 1	Florida	
	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 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>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□ Change
			□Add
			□Remove
		TACLA ACTION OF THE PROPERTY O	
		200 800 700 700 700 700	Remove
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n effective date is listed, the date mo	e date of filing:	ing or more than 90 days after filing.)	
ecord specifies a delayed effecti is filed.	ve date, but not an effective time, at 12:0	I a.m. on the earlier of: (b) The	90th day after the
ted April 1st	2024		