Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

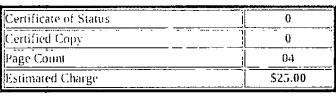
Fax Number

: (813)436-5206

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

Email	MAA	YOF	•	٠	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VATILA ĐADA LLC



Electronic Filing Menu — Corporate Filing Menu

Help

Fax: 3134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vatila Dada LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on 05/04/23	and assigned
Florida document number L23000221995		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	the abbreviation "L.I. C."
Enter new principal offices address, if applicable:	 <u></u>	
(Principal office address MUST BE A STREET ADDR	RESS)	? ?
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		••
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		a
	Caty	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.

To, 18506176383

Page: 3/4

From Registered Agents Inc.

Fax: 8134365206

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
AMBR	Chirag Patel	7901 4th St N STE 300	
		St. Petersburg, FL 33702	ERemove
			D'Change
AMBR Nisarg Patel	Nisarg Patel	7901 4th St N STE 300	EAdd
		St. Petershurg, Fl. 33702	□Remove
			□Change
			□Add
			□Remove
			(1Add
			□Remove
			[]Change
			DAdd
			⊆Remove
			(∃Change
			□ Add
			□Remove
			Fichana

To. 18506176383

Dated November 1	2023		
d is filed.			. ""
record specifies a delayed effecti	ve date, but not an effective (in	e, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
Note: If the date inserted in this blocument's effective date on the E	dock does not meet the applica-	ole statutory filing requirements, t	his date will not be listed as t
ffective date, if other than the an effective date is listed, the date me	e date of filing:	(op	tional) for filing.) Pursuant to 605,0207 (
		<u> </u>	**

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Typed or printed name of signee