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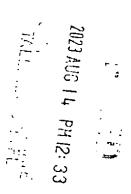
| (Requestor's Name) |
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| (Business Entity Name) |
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| Special Instructions to Filing Officer. |
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Office Use Only



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COVER LETTER

| VCFL HOI | DINGS LLC | | |
|-----------------------------|--|---|---|
| SUBJECŤ: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Vamsee Chappdi | | |
| | • | Name of Person | |
| | VCFL HOLDINGS LLC | | |
| | | Firm/Company | |
| | 8729 Trattoria Terr | • • | |
| | | Address | |
| | Sarasota, FL 34238 | | |
| | | City/State and Zip Code | |
| | Vamsee15@aoLcom | | |
| | E-mail address: (| to be used for future annual report notifica | ation) |
| For further information of | concerning this matter, please ca | all: | |
| Vamsee Chappidi | | 941 704-9787 | |
| | | at () | |
| Name o | of Person | at () Area Code Daytime T | elephone 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 | <u>ss:</u> | Street Address: | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

VCFL Holdings LLC

Vamsee Chappidi

941-704-9787

Return Address: 8729 Trattoria Ter Sarasota, FL 34238

Best Regards

Vamsee Chappidi

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 AUS 14 F 12: 33 VCFL HOLDINGS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 06-07-2023 The Articles of Organization for this Limited Liability Company were filed on Florida document number 1.23000275855 This amendment is submitted to amend the following: 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 "L.L.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address City

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> | <u>Address</u> | Type of Action |
|--------------|------------------|----------------------|----------------|
| MGR | Srinivas Vangala | 1524 Sumter Dr. | _ |
| | | Long Grove, IL 60047 | ≣Add |
| | | | □Remove |
| | | | □Change |
| AMBR | Samhitha Vangala | 1524 Sumter Dr. | ■Add |
| | | Long Grove, IL 60047 | = |
| | | | □ Remove |
| | | | Change |
| AMBR | Madhu Chappidi | 8729 Trattoria Terr | ■Add |
| | | Sarasota FL, 34238 | □Remove |
| | | | |
| AMBR | Laura Burbank | 8729 Trauoria Terr | □Change |
| | | | ■Add |
| | | Sarasota Fl., 34238 | □Remove |
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| ote: If the date inserted in this ocument's effective date on the | the date of filing: must be specific and cannot be prio s block does not meet the appli e Department of State's records | icable statutory filing red s. | quirements, this date | will not be listed as |
| | ctive date, but not an effective | time, at 12:01 a.m. on th | ne earlier of: (b) The | e 90th day after the |
| | | | | |
| is filed. 08-08 | 2023 | | | |
| is filed. 08-08 | 2023 | | | |
| l is filed. | 2023 | borized representative of a | member | |