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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Cor	porations		
Cudicat.	LVIT LLC			
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please returi	n all correspo	ndence concerning this matter	to the following:	
		Saadin Dassum		
			Name of Person	
		LVIT LLC		
			Firm/Company	
		7900 OAK LANE		
			Address	
		MIAMI LAKES/FL 33016	j	
			City/State and Zip Code	
		saadindassum@gmail.com	to be used for future annual report noti	G
For further i	nformation c	oncerning this matter, please of		ncation)
		oneering this matter, prease of		
Saadin Dass			202 9992852 at ()	e Telephone Number
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne 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)
Re	ailing Addres	Section	Street Address: Registration Se	
IJι	vision of C	Corporations	Division of Cor	rporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

2024_{OCT 24} PM 5: 25 LVIT LLC (Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Florida document number ______. 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 "LLC" or the abbreviation "LLC." 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

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.

City

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

1,17,17	anaeci	
AMBR =	Authorized	Member

<u>Title</u>	. <u>Name</u>	<u>Address</u>	Type of Action
AMBR	YANWEN LUO	7900 OAK LANE SUITE 401	□Add
		MIAMI LAKES, FL	■Remove
		33016 US	□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change

Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 99 days after filing.) Pursuant to 605.0207 Note; [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. [In effective date as delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. [Detaber 15] [Signature at 2 - northber or authorized representative of a member Saadin Dassaum						
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