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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE. INC

Account Number : I20060000012

Phone : (305)826-5886
Fax Number : (305)722-0535

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

mail	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VPF RESTAURANT CONSULTANTS SERVICES L.L.C.

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Page Count	01
Estimated Charge	\$25.00

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ARTICLES OF AMENDMEN'T TO ARTICLES OF ORGANIZATION OF

VPF RESTAURANT CONSULTANTS SER		
(Name of the Limited Liability (A Florida	y Company as It now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on 06/28/2024	and assigned
Florida document number L24000292102	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u> i	ted liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	· · · · · · · · · · · · · · · · · · ·
		20
		90V4
Enter new mailing address, If applicable:	<u> </u>	, 6 T
(Mailing address MAY BE A POST OFFICE BOX)		, o
remaining undress parts Darris Con Constitution		12 3
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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.

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Page: 4 of 5

2024-08-26 14:57:13 GMT

13058473293

From Martin Collante

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	Name	<u>Address</u>	Type of Action
AMBR	MOHAMED M SAAD	5756 NW 125TH TER CORAL SPRING FL, 33076	= Add
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			Change
			□Add
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			CRemove
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			□Remove
			Change
			①Add
			□Remove

D. If ame	iding any other i	information, enter è	hange(s) hore:	(Attach additional	sheets, if necessary.)	, .
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E. Effective	date if other the	n the date of filing:	in and the second s	a de la companya de La companya de la co	(optional)	
(lf an elfectiv Note: If the	e date inserted in t	ste must be specific and en this block does not me the Department of Sia	unnel he prior to dat et the applicable :	o of filing or more than	90 days after filing.) Pur	ment to 603.0207 (3) not be listed as the
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Dated Aug	ust 22	· · · · · · · · · · · · · · · · · · ·	2024		e je na province se se se en La companyación de la companyación	
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	X_	Signature of a rear	aber or sutharized	representative of a men	iber	
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_	<u>x</u>	Vania d		. Africalia		·