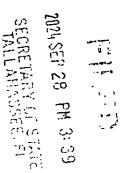
## L24 000 320 197

(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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## COVERLETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Volughan	Famly Ber	rages LLG	<u> </u>
DOCUMENT NUMB	- سر ج	_ 1		
The enclosed Articles of	of Amendment and fee are sub-	nitted for filing		
Please return all corres	pondence concerning this matte	er to the following.		
	William Vac	Such Same of Contact Person		
		WM From Company		202 SE
		VQ , V ,		SEP 28 PM
	Naples F	- \_ ( . \d A \) City! State and Zip Code	34107.	SSE 3:
	E-mail address: To be use	le. Au SCOP () If for future annual report		39 F1
	n concerning this matter, please  H. Vauch an Coff Contact Person		1 777 - 0 de & Daytime Telepin	812 me Namba
Enclosed is a check to	r the following amount made p	ayable to the Florida Dep.	artment of State	
☐ \$35 Filling Fee	☐\$43.75 Filing Fee & Certificate of Status	23843.75 Filing Fee & Certified Copy (Additional copy is enclosed)	[1.882 50 Filing Fed Certificate of Stat Certified Copy (Additional Copy to enclosed)	NIS.
Arn Div P.O	iling Address endment Section usion of Corporations , Box 6327 ahassee, FL 32314	Ameno Divisio The C 2415 Y	Address iment Section on of Corporations lentre of Taliabassee N. Monroe Street, St assee, Fl. 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	nny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 24000 320 197</u> .	were filed on Jaly 18 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	vility company here:
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	987 31d Ave N.
Principal office address MUST BE A STREET ADDRESS)	Naples Floridage
	34102 PS 5 Ti
	LATA 22
Enter new mailing address, if applicable:	987 30 AVE NEE 00
Mailing address MAY BE A POST OFFICE BOX)	Naples Florida = =
	34102
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	i.u.
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, it 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

Title	<u>Name</u>	Address	Type of Action
MGR	William H Vayahan Jo	1423 Archer St.	
		1423 Archer St. Leh: gh Acres, Florida 33936	<u>}</u> □Remove
		33936	□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
		TALL AH	Zi Remove
		72 70 70 70 70 70	Add Add Free Park Schange Scha
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			[]Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated Signature of a member or authorized representative of a member