Page:

€8/21/2024

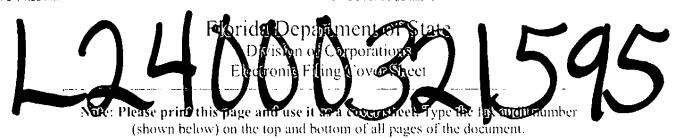
13:36 PM

TO:18506176383

FROM: 4073703120

8/21/24, 1:32 PM

Division of Corporations



(((H24000280517.3)))



H2400028051734EC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

1.70 -,: Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 Phone : (407)370-3686

Fax Number : (407)370-3120

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

Email Address: assistant2.larson@larsonacc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YEREVAN INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

M. SOLOMON

AUG 2 1 2024

Electronic Filing Menu

Corporate Filing Menu

Help

Page: 2 08/21/2024 13:36 PM

TO:18506176383 FROM:4073703120

## ARTICLES OF AMENDMENT

(((H24000280517 3)))

TO

## ARTICLES OF ORGANIZATION OF

YEREVAN INVESTMENTS LLC				
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on a a Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability C Florida document number 1.24000321595	Company were filed on _07/19/2	2024	_ and assigne	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	ation "LLC" or the abbre	viation "L.L.C.	
Enter new principal offices address, if applicable:			<b>茅</b> 語	2024 AUG 2 I
(Principal office address MUST BE A STREET ADD	RESS)		22 20	AUG
		•	RETARY	2
			: :	P
Enter new mailing address, if applicable:			13.3 18.3	⊐≭ _ <u>ယ</u> ့
(Mailing address MAY BE A POST OFFICE BOX)			GINUT FINALS FINALS	<u>~</u> ;;
B. If amending the registered agent and/or registere agent and/or the new registered office address here:  Name of New Registered Agent:	d office address on our record	is, <u>enter the name o</u>	<u>I the new re</u>	<u>yisterec</u>
Name of New Registered Agent.				
New Registered Office Address:	Enter Florida street address		<del></del>	
		, Florida		
	Cuy		Zip Code	
New Registered Agent's Signature, if changing Registere	ed Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and cacept the obligations of my position as registered a heing filed to merely reflect a change in the register company has been notified in writing of this change.	omplete performance of my o egent as provided for in Chap ed office address, I hereby co	luties, and Lam fam ter 605, F.S. Or, if t	iliar with a his docume	nd
	If Changing Registered Agent. S	ignature of New Registe	ored Agent	_

(((H24000280517 3)))

Page:	:
-------	---

3

08/21/2024

13:36 PM

TO:18506176383 FROM:4073703120

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

(((H24000280517 3)))

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	KASSARDJIAN, RICHARD	8849 ELLIOTS CT, ORLANDO, FL 32836	<b>=</b> Add
			□Remove
			Change
-			□Add
			CIRemove
		**************************************	
			SECRETA YOF MAIE IN A MAIN AND AND AND AND AND AND AND AND AND AN
			16.21 11.66
			PH 3: 2
			5점 <b>2</b> DAdd
			□Remove
			□Change
			□Add
			DRemove
			□Change
			DAdd
	(((H24000280517 3)))		TiRemove
	([[[127000200017 0]]]		□)Change

2024 ALIC 21 PM 3: 21	
(3)(b) he	

		(((H24000	280517 3)))		
D. If ame	ending any other info	rmation, enter ch	ange(s) here: (Attach addi	tional sheets, it necessary.i	
	•				
-					
-					
-		·			
-					
-					
-					
-					
-					, <del>- 11</del>
-					SLEKEFARY
-				<del></del>	
_					- SS 2
-				10 10 10 10 10 10 10 10 10 10 10 10 10 1	 S≥ <b>⇔</b>
-					<u> </u>
-			10 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
-					<del> </del>
_					
E. Effect	ive date, if other than	the date of filing	connect he arrow to date of filling or	(optional) more than 90 days after filing ) Pursu	1910 to 605 02677
Note:	If the date inserted in the	iis block does not m	eet the applicable statutory fil	ing requirements, this date will no	of he listed as the
посин	nent's effective date on t	ne Department of St	ate s records.		
If the recor		ective date, but not a	an effective time, at 12:01 a.n	n, on the earlier of: (h) The 90th	day after the
Dated	AUGUST 20		2024		
	Jinny S. Ka	e e a a diva			
		Signature of a m	tember or authorized representati	ve of a member	
		org			

(((H24000280517 3)))

Filing Fee: \$25.00