

8/21/24, 1:32 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L24000321595**

Note: Please print this page and use it as a cover sheet. Type the tax and ID number (shown below) on the top and bottom of all pages of the document.

((H240002805173))



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Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

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 address please.\*\*

Email Address: assistant2.larson@larsonacc.com

2024 AUG 21 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2024 AUG 21 PM 1:41

DIVISION OF CORPORATIONS

DEPT. OF REVENUE

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 21 2024

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

YEREVAN INVESTMENTS LLC

(Same of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/19/2024 and assigned  
Florida document number 1.24000321595.

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 "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

Florida

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.*

If Changing Registered Agent, Signature of New Registered Agent

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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	Name	Address	Type of Action
AMBR	KASSARDJIAN, RICHARD	8849 ELLIOTS CT, ORLANDO, FL 32836	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 MIAMI, FL 33133

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-11-2010 BY 60322  
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U.S. DEPARTMENT OF STATE

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 AUGUST 20, 2024

Jimmy B. Kazzardjian

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Signature of a member or authorized representative of a member

JIMMY GARABED KASSARDJIAN

Typed or printed name of signee

((H24000280517 3)))

**Filing Fee: \$25.00**

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