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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC

Phone

Account Number : I20220000070

: (888)462-3453

Fax Number

: (877)919-2613

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

Email Address: EFILE1234@INCFILE.COM



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. COVER LETTER

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TO: Registration So Division of Con			
FAMAGA	USA ELC		
SUBJECT:	Name of Lin	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lovette Dobson		
	-	Name of Person	
	Inefile.com LLC		
		Firm/Company	
	17350 State Hwy 249 Ste	220	
		Address	
	Houston, TX 77064		
		City/State and Zip Code	-
	EFILE1234@INCFILE.CO	M to be used for future annual report not	(fication)
For further information c	concerning this matter, please c	all:	
Lovette Dobson		888 462-3453	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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)
Mailing Addres Registration 9 Division of C	Section Torporations	<u>Street Address:</u> Registration Se Division of Co	rporations
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro Tallahassee, FI	oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 OCT -8 AH 8: 58 FAMAGA USA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALLAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on $\frac{09/27/2024}{1}$ and assigned Florida document number ____1.24000421075 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 ___. Florida ___ 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

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

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Irakii Guruli	1150 Nw 72nd Ave Tower 1 Ste 455 #18117	= Add
		Miami, FL 33126	□Remove
			□ Change
AMBR	Emil Aghayev	1150 Nw 72nd Ave Tower 1 Ste 455 #18117	□Add
		Miami, FL 33126	🖸 Remove
AMBR	Timur Aghayev	1150 Nw 72nd Ave Tower 1 Ste 455 #18117	□Add
		Miami, FL 33126	□Remove
			= (Change
			Fladd
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record specifies a delayed effective is filed.	date, but not an effective time, a	at 12:01 a.m. on the earlie	द्ध of: (b) - The 90th	day after the
	2024			
October 7 nted	· · · · · · · · · · · · · · · · · · ·			
ated October 7 Emil Aghayet	rgnature of a member or authorized			