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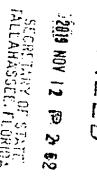
(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Division of Cor Vilagio Ent	porations erprises LLC		
SUBJECT:	·	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Glennys Leon		
		Name of Person	
	Forrestal Capital Limited C	lompany	
	-	Firm/Company	
	1450 Brickell Ave. Suite 2	530	
	Miami, FL 33131	Address	
	gleon@forrestalcapital.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
for further information c	oncerning this matter, please co	all:	
Glennys Leon		305 961-2848	
	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Vilagio Enterprises LLC

(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company) (2115 NOV 12 P 21 82

The Articles of Organization for this Limited Liability (Company were filed on $\frac{12/30/20}{}$	03 SECRETARY OF STATE
Florida document number L03000056900	·	INCENTION DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DE L
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	mited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi- registered agent and/or the new registered office ado		records, enter the name of the new
		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	vet 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Woods Staton	Mantua 6575 Montevideo, Uruguay 11500	⊌ Add
			□ Remove
			Change
			□ Remove
			Change
			
			Remove
			☐ Change
		·	
			☐ Remove
			Change
			□ Remove
			Change
			Remove
			☐ Change

	<u> </u>
Note:	tive date, if other than the date of filing:
ne re The	cord specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier of $90th$ day after the record is filed.
	November 8 2019
Dates	
Datec	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00