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COVER LETTER

	Registration Sect Division of Corpo			·
aun ira	T: VICPP	-iME LLC		
SUBJEC	.1:	Name of Limit	ed Liability Company	
The enck	osed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please re	turn all correspond	lence concerning this matter to	o the following:	
			,	
		MATHA CS	USA	
•			Name of Person	
		Suusa & As	SOLIATES INC	
			Firm/Company	=======================================
		5728 HAJOR	BLUD #309	
			Address	Ś
		OF LANDO, FO	_ 32819	:
			City/State and Zip Code	
		CAROL @ ST	WISA NASSOCIATES	. com
		E-mail address: (to	o be used for future annual report notifi	cation)
For furth	er information cor	ncerning this matter, please ca	II:	
n	naria c	SOUSA	at (<u>407</u>) <u>800 - 3</u> Area Code Daytime	7028
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for the	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

VICPUME LLC (Name of the Limited Linb (A Flori	ility Company as it now appe da Limited Liability Company	ars on our reçords.)	<u> </u>
The Articles of Organization for this Limited Liability Florida document number <u>116 000 2210 \$0</u>			and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	mited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "L	imited Liability Company," the	: designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	<u> </u>		
	_		
Enter new mailing address, if applicable:			Ø
(Mailing address MAY BE A POST OFFICE BOX)			
			.•
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address o ddress here:	on our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter F	Florida street address	
		, Florida	Zip Code
	City		zip Coae

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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	SILVA CRUZ, MARCONY	1-UA PEDRO PEREIRA MIVES, 3	<i>90</i> _□ Add
		APT 101	□ Remove
-		BELO HORIZONTE, ME 30660-1	30 8€ Change
AMBR	SILVA CRUZ, AINOA	EUA AURELIO LOPES, 248	
		CJ 4102	☐ Remove
		BELC HORIZONTE, MG, 30626-1	OZ OChange
			Add
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<u>ote:</u> If the	ate, if other than the date of filing: date is final, the date must be specific and come date insected in this block does not meet to effective date on the Department of State!	he annlicable s	regains lights todail or alight or more apar	(optional) Watays after filing.) Pa casents, this date wil	grazion un 695,020 I not be listed a
record The 900	specifies a delayed effective date, a day after the record is filed.	, but not an	effective time, a	t 12:01 a.m. on	the earlier o
tod	NOVEMBER 30. 3	2018			
-	Signature up a surish	5. C	147	<u> </u>	
	Signature of a mount	त्य ज्याप्रवाधिक व्य	telater-mention of a men	tiber	
	MARCONY S CRUZ				

Page 3 of 3

Filing Fee: \$25.00