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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| VIVIAN TRA  | VIE 5 LAC.  |                                      |
|---|---|--------------------------------------|
| (Name of the Limited I  | Jability Company as it now appears on our<br>Florida Limited Liability Company) | records.)                            |
| The Articles of Organization for this Limited Liabi   | lity Company were filed on  | TC 21, 2019 and assigned             |
| Florida document number <u>L/4000 2640</u>  | 2/_   |                                      |
| This amendment is submitted to amend the followi  | ng:   |                                      |
| A. If amending name, enter the new name of the VIVIAN TRAVIES. L. A. The new name must be distinguishable and contain the words | · · · · · · · · · · · · · · · · · · ·   | a "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable (Principal office address MUST BE A STREET).                                 | e:  |                                      |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO   | <u></u>   |                                      |
| B. If amending the registered agent and/or registered agent and/or the new registered office                                    |   | ecords, enter the name of the new    |
| Name of New Registered Agent:   |   |                                      |
| New Registered Office Address:  |   |                                      |
|   | Enter Florida street  | address                              |
| -   | City  | , Florida                            |
|   | Çiù   | Zgr Cont                             |

## 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:

L190002640c

MGR = Manager

AMBR = Authorized Member

| Title         | Name        | Address      | Type of Action |  |  |  |
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| ui effective | date is listed, the         | han the date of<br>date must be spec   | ilic and canno |                 |                 |               |                | a) Pursuant to |          |
|              |                             | n this block doc<br>on the Departme    |                |                 | statutory fili  | ng requireme  | nts, this date | will not be    | listed   |
|              |                             |  |                |                 |                 |               |                |                |          |
|              |                             | lelayed effec                          |                | but not a       | n effective     | time, at 1    | 2:01 a.m.      | on the ea      | ırlier   |
| The 90th     | n day after t               | the record is                          | filed.         |                 |                 |               |                |                |          |
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| ited         | , <u>(C-1/)</u>             | (CA)<br>Signatur                       | المحتاء المحق  | <u></u>         |                 |               |                |                |          |
|              | À                           | `````````````````````````````````````` | ) / <i>//</i>  | ′ √             |                 |               |                |                |          |
|              | , 4                         | Signatur                               | e of a membe   | r or alithorize | d representativ | e of a member |                |                | -        |
|              |                             |  |                |                 |                 |               |                |                |          |

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