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(((H22000132227 3)))



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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205 Phone : (305)416-6800 Fax Number : (305)416-6811

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

Email Address: jose o agi-ra.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VYV PROJECT MANAGEMENT LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VYV PROJECT MANAGEMENT LLC

\*(((H22000132227 3)))

(Name of the Limite	ed Liability Compan (A Florida Limited Li	y as it now appears on our re ability Company)	cords.)		
The Articles of Organization for this Limited Li Florida document number L21000279530		vere filed on 6/6/2021		_ and assign	ned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liabi	ity company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabili	ty Company," the designation	"LLC" or the abbre	viation "L.L.	C."
Enter new principal offices address, if applic					202
(Principal office address MUST BE A STREE				,	2 A
				<u> </u>	<del></del> <u></u>
					2 F
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	BOX)		<del> </del>		<del>- :.</del> -
B. If amending the registered agent and/or ragent and/or the new registered office addre	registered office a ss here:	ddress on our records, <u>c</u>	nter the name o	of the new	registered
Name of New Registered Agent:	AGI REGISTE	RED AGENTS, INC.	- <del></del>		
New Registered Office Address:	1000 BRICKEL	L AVENUE, SUITE 300			
		Enter Florida struet (	nddress		
	MIAMI		_, Florida <u><sup>3313</sup></u>	Zip Code	
New Registered Agent's Signature, if changing I heroby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as registere being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agre per and complete istered agent as p registered office	performance of my dulle provided for in Chapter (	es, and 1 am jai 605, F.S. Or, if	e to comply niliar with this docum	ana nent is
		Je led	/		

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H22000132227 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
<del> </del>			□Add
			CRentove
			□ Change
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			Change
			□Add
			Remove
			Change
			□Add
			☐ Remove
			[]Change
			□Remove
			[]Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
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•	
Note	fective date, if other than the date of filing:
	ord 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 filed.
Date	d April 12 , 2022
	Signature of a member or authorized representative of a member
	Robert R. Adams, Authorized Representative

12/04/2022, 10:01 To: +1 850-617-6383 From: +1 305-372-2526 [VYV Project Management, LLC - Amendment (R Page 4

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