## L21000323244

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## **COVER LETTER**

TO: Registration Se Division of Cor				
	S VZR, LLC		,	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	OLGA L SARMIENTO D	E LA HOZ		
		Name of Person		
	KIRIUM CONSULTING	LLC		
		Firm/Company	2022 JUL 13-95-83	-T1
	4515 LIME ST			
		Address	* 7 -*~	(7)
	COCOA, FL 32926		PH 1: 2	
		City/State and Zip Code	: 26	
	info@kiriumconsulting.con			
	E-mail address: (	to be used for future annual report noti	fication)	
For further information of	concerning this matter, please c	all:		
OLGA SARMIENTO		321 6158569		
Name o	of Person	at () Area Code Daytim	ne Telephone Number	
Enclosed is a check for t	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)	
<u>Mailing Addre</u> Registration ! Division of C	Section	<u>Street Address:</u> Registration Se Division of Co		
P.O. Box 632	-	The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLYMPUS VZR, ŁŁC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records. ited Liability Company)	)
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L21000323244}{L21000323244}$ .	any were filed on July 15, 2021	and assigned
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 I.	liability Company," the designation "LLC"	or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		- 23
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		22 7
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter t</u>	ie namesoftthe yew registered
Name of New Registered Agent:		
New Registered Office Address:		
new registered Office Address.	Enter Florida street address	
	Flor	ida
	City . F 101	Zup Gode

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 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>	Address	Type of Action
MGR	VICTOR CUKIERT	1835 E HALLANDALE BEACH BLVD APT 9141	(T)Add
		HALLANDALE BEACH, FL 33009	<b>=</b> Remove
			□Change
MGR	ZENIA CUKIERT	1835 E HALLANDALE BEACH BLVD APT 9141	🗆 🗆 Add
		HALLANDALE BEACH, FL 33009	
			□Change
MGR	ROBERTO CUKIERT	1835 E HALLANDALE BEACH BLVD APT 9141	
		HALLANDALE BEACH, FL 33009	
			Change
MGR	SALVADOR BECERRANO	1835 E HALLANDALE BEACH BLVD APT 9141	= Add
		HALLANDALE BEACH, FL 33009	□Remove
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Filing Fee: \$25.00