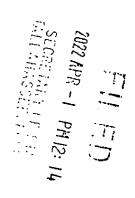
L22000038353

	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL.
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	s to Filing Officer:	
	J. HORNE	
	APR - 1 2022	
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COVER LETTER

l'O: Registration Se Division of Cor					
VIRCOWI, SUBJECT:	LLC.				
тевятел.	Name of Camiled Li	ability Company			
Photos and the state of					
	Amendment and fee(s) are submittee				
tease return an correspo	ndence concerning this matter to the	following:			
	Samuel A, Bryant, Esq.				
		Name of Person			
	Bryant Taylor Law, PLLC				
		Firm: Company			
	261 N. University Drive Suite	500			
	Address				
	Plantation, FL 33324				
		y State and Zip Code			
	info@sbttlaw.com E-mail address_tro be:	used for future annual report notificati	IOH)		
For further information of	concerning this matter, please call:				
Samuel A. Bryant, Esc] .	954 282-9331			
Name o	of Person	at () Area Code Daytime Te	lephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status		2 \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60 00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)		
Mailing Addre	<u>ss:</u>	Street Address:			

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIRCOWI, LLC		022 API
(<u>Name of the Limited Liability Con</u> (A Florida Lunte	apany as it now appears on our records.) ed Liability Company)	APR
The Articles of Organization for this Limited Liability Compa Florida document number L22000038353	my were filed on 1/18/22	and safigned 12
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited La Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	177A E Main St. #184 New Rochelle, NY 10801	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the name</u>	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zıp Code
	V 10	ing that

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>	Name	Address	Type of Action
MGR	Elohim Consortium, LLC	177A E Main St. #184	Add
		New Rochelle, NY 10801	
			☐ Change
AMBR	Williams, Collington R	5069 NW 41 Court	_
		Lauderdale Lakes, FL 33319	
			□Change
			□Add
			□Remove
			□Change
	****		□Add
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cord sp is filed.		elayed effectiv	ve date, but n	ot an effecti	ve time, at 13	2:01 a.m. on t	ne earlier of: (b) The 90th d	ay after th
ied	Mare	L 17,		2096	2.				
		Will	Signature of	a member or	authorized ter	resentative of	i niember		
			. iignamic oi						

Filing Fee: \$25.00