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C/ 7/14/2023

## **COVER LETTER**

TO:				
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SUBJEC	.l:		nited Liability Company	<del></del>
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		·-·	Name of Person	<del>-</del>
		KIRIUM CONSULTING	LLC	
			Firm/Company	
		4515 LIME ST		
			Address	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)  Section Corporations of Tallahassee
	KIRIUM CONSULTING LLC  Firm/Company  4515 LIME ST  Address  COCOA, FL 32926  City/State and Zip Code info@kiriumconsulting.com  E-mail address, (to be used for finure annual report notification)  ther information concerning this matter, please call:  SARMIENTO  SARMIENTO  Name of Person  Area Code  Daytime Telephone Number  ed is a check for the following amount:  5.00 Filing Fee  Certificate of Status  Certified Copy Gasdatocal corp, is enclosed; Certificate Copy Gasdatocal corp, is enclosed; Certified Copy Gasdatocal corp, is enclosed; Certified Copy Certified Copy Gasdatocal corp, is enclosed; Certified Copy Gasdatocal corp, is enclosed; Certified Copy Gasdatocal corp, is enclosed; Certified Copy			
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 HAY 19 AM 9: 37

OLYMPUS VZR, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on July 15, 2021 \_\_\_\_\_ and assigned Florida document number L21000323244 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 Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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>	<u>Name</u>	Address	Type of Action
MGR	VICTOR CUKIERT	1835 E HALLANDALE BEACH BLVD APT 9141	<b>≣</b> Add
		HALLANDALE BEACH, FL 33009	□Remove
			□Change
MGR	ZENIA CUKIERT	1835 E HALLANDALE BEACH BLVD APT 9141	≣Add
		HALLANDALE BEACH, FL 33009	□Remove
			□Change
MGR	ROBERTO CUKIERT	1835 E HALLANDALE BEACH BLVD APT 9141	<b>≣</b> Add
		HALLANDALE BEACH, FL 33009	□Remove
			Change
MGR	SALVADOR BECHERANO	1835 E HALLANDALE BEACH BLVD APT 9141	□Add
		HALLANDALE BEACH, FL 33009	<b>=</b> Remove
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