## L06000109987

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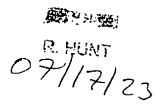
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## **COVER LETTER**

TO: Registration So Division of Cor				•		
	ia Ferreira LLC		•			
	Name of Lin	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Vivian Ferreira					
	······································	Name of Person		-		
	Vivian Maria Ferreira LLC					
		Firm/Company		-	<b>6</b> -)	
	798 93rd Ave N				Ç 	
		Address		- 30 - 20 - 20 - 20		
	Naples/Florida 34108			ASSE ASSE		
	vivianferreira239@gmail.co	City/State and Zip Code om		STATE E.FL	PH 7: 09	
	E-mail address: (	to be used for future annual report noti	fication)	• •		
For further information c	oncerning this matter, please c	all:				
Vivian Ferreira		239 777-4731				
Name	of Person	at () Area Code Davtim	e Telephone Number	<u> </u>		
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Enclosed is a check for the	he following amount:					
S≥5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Sta	tus &	
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sec	ction			
Division of C		Division of Cor				
P.O. Box 632	•	The Centre of T	•			
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 8	310		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vivian Maria Ferreira 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 \_\_\_\_\_ and assigned Florida document number \_ L06000109987 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Vivian Ferreira LLC 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.

City

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
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ocument's effective date on th	e Department	of State's reco	rds.					
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