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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Section

Div	ision of Cor	porations					
annine.	V3S LLC						
SUBJECT:		Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return	all correspo	indence concerning this matter	to the following:				
		Vijay Lunawat					
			Name of Person				
		V3S LLC					
			Firm/Company				
		3724 Manteo Circle					
		***	Address				
		Orlando FL - 32837					
			City/State and Zip Code				
		vlunawat@yahoo.com					
		I -mail address: (	to be used for future annual report not	ification)			
For further ii	iformation c	oncerning this matter, please c	all:				
Vijay Lunav	vat		407 851-4525				
	Name o	t Person	at () Area Code Daytin	ie Telephone Number			
Enclosed is a	rcheck for th	ne following amount:					
□ \$25,00 I	iling 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>Ma</u> Res	iling Addres gistration S	<u>s:</u> Section	<u>Street Address:</u> Registration Se	ection			
Div	cision of C	orporations	Division of Co	rporations			
P.C	<ol> <li>Box 632</li> </ol>	?7	The Centre of	l'allahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

V3S 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  $\frac{5/1/2010}{}$ and assigned Florida document number L10000044893 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

\_\_. Florida \_\_\_\_

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	Sushina Lunawat	3724 Manteo Circle	
		Orlando FL - 32837	■Remove
			□Change
			□Add
			□Remove
			□ Change
			OAdd
			ZRemove
			Change
		<del></del>	GAdd
			⊒Келюсе
			TChange
			□Add
			□Remove
			☐ Change
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			□ □ Remove
			□Change

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to	o date of filing or more than 90 days after filing.) Pursuant to 605.0207
ote: If the date inserted in this block does not meet the applica beament's effective date on the Department of State's records.	ble statutory filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an effective tin	ie, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Listiled.	
October 12th 2020	
ated	_•
Mumacat	
Signature of a member or author	rized representative of a member

Typed or printed name of signee