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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)					
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J. SAULSBERRY EXAMINER OCT 19 2010

COVER LETTER

	Registration Se Division of Co			
SUBJEC	от.	V	iriya, Inc	
SOBJE			ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	<u>,</u> '
			Hajo Otto	· · · · · · · · · · · · · · · · · · ·
			Name of Person	ZOUO OCT 18 SEGRETARY TALLAHASSI
			Viriya, LLC Firm/Company	
			гип/сопрану	[13]
			4337 El Mar Drive	PERFLORIS
			Addiess	88
		Lauder	rdale by the Sea, FL 33308 City/State and Zip Code	15
		В	eachApt@yahoo.com	
For furth	ner information	E-mail address: (concerning this matter, please of	to be used for future annual report notifi	cation)
		Hajo Otto		776-5074
	Name o	of Person	Area Code & Daytime	
Enclosed	d is a check for t	he following amount:		
₹ \$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	VIRIYA,LLC			
(Name of the Lir	mited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limit	ted Liability Company were filed on	5/27/2010	and assigned	
Florida document numberL10000	0057332			
This amendment is submitted to amend the	e following:			
A. If amending name, enter the new na	me of the limited liability company he	<u>re</u> :		
The new name must be distinguishable and er "L.L.C."	nd with the words "Limited Liability Comp	any," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if a	pplicable:		2011 SE:	
(Principal office address MUST BE A ST	FREET ADDRESS)		AHA OC T	
		· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable	2:	i		
(Mailing address MAY BE A POST OFF	CICE BOX)	C		
			 .	
B. If amending the registered agent registered agent and/or the new register		our records, enter	the name of the nev	
registered agent and/or the new register	eu omee audress nere.			
Name of New Registered Agent:				
New Registered Office Address:			7	
	Ei	Enter Florida street address		
	City	, Florida	Zip Code	

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member Title **Type of Action** Name Address MGR Otto, Hajo D 4337 El Mar Drive ☐ Add Lauderdale by the Sea, Ft. 33308 ✓ Remove Otto, Hajo G MGR 4337 EL Mar Drive √ Add Remove Lauderdale by the Sea, FL 33308 ☐ Add ☐ Remove ∏ Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Amending middle initial for Manager. 10/12/2010 Dated Signature of a member or authorized representative of a member Hajo Otto

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00