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SICRETARY OF STATE

AND AHASSEF FIORIDA

TAIL AHASSEF FIORIDA

COVER LETTER

TO;	Registration S Division of Co		·	
SUBJE	ECT:	VIVA OD	ESSA, L.L.C.	
			d Liability Company	
The en	closed Articles o	f Amendment and fee(s) are subm	uitted for filing.	
Please	return all corresp	oondence concerning this matter to	the following:	
			Alex Rozenberg	
			Name of Person	
			Firm/Company	
1850 S. OCEAN DR., STE 2608				
		НΔΙ	LANDALE, FL 33009	
			City/State and Zip Code	
For fur	ther information	E-mail address: (to concerning this matter, please cal	be used for future annual report notification)	
	Name	of Person	at ()Area Code & Daytime Telephone t	Number
Enclos	ed is a check for	the following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed)	.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	Regis Divis P.Ol	LING ADDRESS: tration Section ion of Corporations Box 6327	STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	ESS:

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ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

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VIV	VA ODESSA, L.L.C.	SECRE TALLAU	ARY OF STATE
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appear rida Limited Liability Company)	s on our records.	ASSEE, FLORIDA
The Articles of Organization for this Limited Liabil Florida document number		10/25/2011	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Compa	ny," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Fn	ter Florida street add	brass
-	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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action MGRM ROZENBERG, MAYA 1850 S. OCEAN DR., STE 2608 HALLANDALE, FL 33009 ✓ Add Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove \square Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member ALEXANDER ROZENBERG Typed or printed name of signee

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Filing Fee: \$25.00