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COVER LETTER

TO:

TO: Registration Secti Division of Corpo			
SUBJECT: Flee	t Lease	C= Cilando	lihe.
	H LECISES Name of Lim	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Franci	SCO COLLOCI.	
		MOR.	
		Firm/Company	
	766 Cent	ral Florida Piki	u · j
	Cilcindo,	FL 32874 City/State and Zip Code	
		<u> </u>	
-	E-mail address: (i	to be used for future annual report notific	cation)
For further information cond	cerning this matter, please ca	all:	1
Trancisco (Don Cicl	a(321, 689 20	C 7 6 !
Name of Pe	rson		Telephone Number
Enclosed is a check for the i	following amount:		
\$25.00 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)
Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cen	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF VIKINDO LLC.	
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>1130 CCC (4438</u>)	iny were filed on $\frac{01/24/3013}{2}$	and assigned
This amendment is submitted to amend the following:		t
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	27
Principal office address MUST BE A STREET ADDRESS		17 AUS
		OF COM OF PATIENTS
	A1 / A	
Enter new mailing address, if applicable:	<u>N/A</u>	
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent:		ter the name of the ne
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent o being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ete performance of my duties, and 1 a as provided for in Chapter 605, F.S. (m familiar with and Or, if this document is
<u>irc</u>	hanging 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> <u>Address</u> **Type of Action** Mana Dolores Genzulez Mejla Vici 5-fradell 10, AMBR. 31100 Trevisio Flatia. ☐ Change □ Add □ Remove 1754UG - PH ve 100 gc Ď Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove

□ Change

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effe	ctive da	te is listed, t	the date my	ist be specif	ic and ca	annot be prior et the applic	to date of t	iling or mor	e than 90	days afte	r filing.	Pursuant to	605.02
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reco	ord sp	ecifies a	delaye	d effecti	ive da	te, but no	t an effe	ective tin	ne, at	12:01	a.m.	on the ea	arlier
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			.	Signature	of a me	mber or autho	orized repre	esentative of	a memb	ocr			~
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