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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: VIAING AV KLLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elizabeth Globs Name of Person
Vining Paux, LLC, Firm/Company
603 S Ffetcher Ave
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Suzabeth Cobs at (904) 81.0-51.31 Name of Person at (904) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status S55.00 Filing Fee Scrifficate of Status S60.00 Filing Fee, Certificate of Status Scriffied Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status Scriffied Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED **OF**

Vining PAUX	2021 SEP 13 AM 8: 33
(Name of the Lim	ited Liability Company as it now appears on our records (A Florida Limited Liability Company)
The Articles of Organization for this Limited I	Liability Company were filed on April 2, 2013 and assigned
This amendment is submitted to amend the fol	lowing:
A. If amending name, enter the new name of	of the limited liability company here:
The new name must be distinguishable and contain the Enter new principal offices address, if applia (Principal office address MUST BE A STREE)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	BOX)
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, enter the name of the new registered ess here:
Name of New Registered Agent:	Elizabeth bibbs
New Registered Office Address:	603 & Fletcher Aug Enter Florida street address
	Fernandina Beach, Florida 32034 City 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 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.

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
Mer	Paul A. Libbs, Ir	JAKSONVIlle 77 3221	BAdd
		JACKSONVIlle, 71 3221	<u></u> □Remove
^ -			□Change
AMBR Elizabeth &	Elizabeth Libbs	603 S Fletcher Ave	ØAdd
		Fernandina Beau 77 32034	□Remove
			[] Change
MGR Paul A. Gbs	Paul A. Globs, Sr	603 & Fletcher Au	□ Add
		Loo3 & Fletcher Au Fernandina Beach 77 3203	⊡Kemove
		5>05	☐ Change
			□Add
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Tier at	
(If an effective Note: 1	e date, if other than the date of filing:
the record cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	Hul A Mills Signature of a member of authorized representative of a member
	Paul A. Gbbs, Sy Typed or printed name of signee