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COVER LETTER

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Registration Section

Division of Cor	porations		
Vinix, LLC			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael P. Gable		
		Name of Person	
	Law Office of Gable & He	ridt	
		Firm/Company	
	4000 Hollywood Boulevan	rd, Suite 735 South Tower	
		Address	
	Hollywood, FL 33021		
		City/State and Zip Code	
	michaelpgable@att.net		
liar further intermetion .	oncerning this matter, please e	to be used for future annual report no	оппеаноп)
	oncerting this matter, prease c	aii.	
Michael P. Gable		954 966-2501 at ()	
Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing 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)
Mailing Addres		Street Address:	'action
Registration ! Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, 1	FL 32314		oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vinix, 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 $\frac{08/22/2014}{1}$ and assigned Florida document number L14000132332 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: 1520 NW 66 Avenue New Registered Office Address: Enter Florida street address Plantation _, Florida 33313-4559 Zin 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.

City

If Changing Registered Agent, Signature of New Registered Agent

f 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
			□Add
			□Remove
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			□Remove

cetive date, if other than the date of filing: (optional effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this datument's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) 1 filed. Movember 6 2024 Movember 6 Supanture of a member or authorized representative of a member	
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Michael P. Gable	
Typed or printed name of signee	'.
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Filing Fee: \$25.00