Division of Corporations

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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)61746383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: |  | <br> |  |  |  |
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|       |          |  |      |  |  |  |

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIVAMUS LLC

117 APR 25 AM ID: 148

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

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Electronic Filing Menu

Corporate Filing Menu

Help APR 2 6 2017

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Vivamus, LLC                                                                                                                                                                                                                                                                  |                                                                                                        |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| (Name of the Limited Liab)<br>(A Florid                                                                                                                                                                                                                                       | Ity Company as it now appears on our la Limited Liability Company)                                     | records,)                                                         |
| The Articles of Organization for this Limited Liability ( Florida document number L16000058275                                                                                                                                                                                | Company were filed on 03/22/201                                                                        | 6 and assigned                                                    |
| This amendment is submitted to amend the following:                                                                                                                                                                                                                           |                                                                                                        |                                                                   |
| A. If amending name, enter the new name of the lim                                                                                                                                                                                                                            | dted liability company here:                                                                           |                                                                   |
| The new name must be distinguishable and contain the words "Lin                                                                                                                                                                                                               | nited Liability Company," the designation                                                              | in "LLC" or the abbreviation "L.L.C."                             |
| Enter new principal offices address, if applicable:                                                                                                                                                                                                                           |                                                                                                        |                                                                   |
| (Principal office address MUST BE A STREET ADD                                                                                                                                                                                                                                | RESS)                                                                                                  |                                                                   |
|                                                                                                                                                                                                                                                                               |                                                                                                        |                                                                   |
| Enter new mailing address, if applicable:                                                                                                                                                                                                                                     |                                                                                                        |                                                                   |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                                                                                                                                                                                    |                                                                                                        |                                                                   |
|                                                                                                                                                                                                                                                                               |                                                                                                        |                                                                   |
| B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:                                                                                                                                               |                                                                                                        | ecords, <u>enter the name of the ne</u> v                         |
| Name Descriptional Office Address                                                                                                                                                                                                                                             |                                                                                                        |                                                                   |
| New Registered Office Address:                                                                                                                                                                                                                                                | Enter Florida stree                                                                                    | address                                                           |
| ·                                                                                                                                                                                                                                                                             |                                                                                                        | , Florida                                                         |
|                                                                                                                                                                                                                                                                               | City                                                                                                   | Zip Code                                                          |
| Now Registored Agent's Signature, if changing Registere                                                                                                                                                                                                                       | d Agent:                                                                                               |                                                                   |
| I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change. | complete performance of my dut<br>gent as provided for in Chapter<br>ed office address, I hereby confi | les, and I am familiar with and 605, F.S. Or, if this document is |
|                                                                                                                                                                                                                                                                               |                                                                                                        | IT AF                                                             |

Page 1 of 3

If Changing Registered Agent, Signature of New Registered

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

| Title   | <u>Name</u>                            | Address                | Type of Action           |
|---------|----------------------------------------|------------------------|--------------------------|
| Manager | Carlos Saladrigas, Sr.                 | 10625 N. Kendall Drive | ■ Add                    |
|         |                                        | Miami FL 33176         | ☐ Remove                 |
|         |                                        |                        | Change                   |
| Manager | Carlos Saladrigas, Jr.                 | 10625 N. Kendall Drive | ■ Add                    |
|         |                                        | Miami FL 33176         | ☐ Removo                 |
|         |                                        |                        | ☐ Change                 |
| Manager | CARLOS SALADRIGAS                      | 10625 N. Kendall Drive |                          |
|         |                                        | Miami FL 33176         | ■ Remove                 |
|         |                                        |                        | Change                   |
|         |                                        |                        |                          |
|         |                                        |                        | □ Remove                 |
|         |                                        |                        | Change                   |
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| If the date inserted in this block does not ment's effective date on the Department of the Departme | and cannot be prior to date of filing or more than of meet the applicable statutory filing require filing records.  e date, but not an effective time, a | rements, this date will not be listed as inc |
| ecord specifies a delayed effective ne 90th day after the record is file                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | e date, but not an enective time, i                                                                                                                      | c 12,02 dilli. On the carrier on             |
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| April 19th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | M. A.                                                                                                                                                    |                                              |
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