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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

Vivefuturo SUBJECT:				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Luis F Botero			
		Name of Person		
	Vivefuturo LLC			
		Firm/Company		
	300 Aragon Ave 265			
		Address		
	Coral Gables, FL, 33134			
		City/State and Zip Code		
	l.botero@vivefuturo.com			
	E-mail address: (	to be used for future annual report no	tification)	
For further information of	oncerning this matter, please ea	all:		
Luis Botero		305 4393094		
Name o	f Person	at () Area Code Daytir	me Telephone Number	
Enclosed is a check for th	ne 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 Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	•	The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Vivefuturo 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 May 4, 2016 and assigned Florida document number \_\_116000088412 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Viventa Capital LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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: New Registered Office Address: Enter Florida street address

## 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

\_. Florida \_\_\_

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
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			□Change
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. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl	t be specific and canno	ot be prior to da	te of filing or mor	e than 90 days afte	ional) er filing.) Pursua	nt to 605.020	07 (3)(I
document's effective date on the D	apartment of State's	records.	statutory ming	equirements. th	is date will no	t be fisted a	18 the
the record specifies a delayed effective cord is filed.	e date, but not an ef	fective time, a	at 12:01 a.m. on	the earlier of: (	b) The 90th (	day after the	e
Dated	20	22					
	Signature of a tyent	7	representative of				
Luis F Botero	Signature di a identi	er braumorizet	representative of	a member			

Filing Fee: \$25.00

Typed or printed name of signee