L16000121144

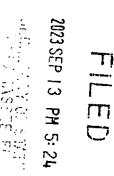
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COVER LETTER

TO: Registration S Division of Co			
GU BRAT			
SUBJECT:	Name of Lim	ited Liability Contains	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Walter Nicolas Dei Vecchi	i	
	 	Name of Person	
	GU BRATH LLC		
		Firm/Company	
	5900 Collins Av 1508		
		Address	
	Miami Beach FL 33140		
		City/State and Zip Code	
	catalinaj.invoke@gmail.cor		* # '* :
		to be used for future annual report not	incation)
For further information	concerning this matter, please c	all:	
Walter Nicolas Dei Vec	cchi	7867146390 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Set Division of Contre of Contre of Callahassee, Florida Parket Address:	rporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GU BRATH I	LLC		
(Name of the Limited Liability Compar (A Florida Limited I.	ny as <mark>it now appears on our</mark> iability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number L16000121144	were filed on June 23, 20	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
VIVAGRO LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		9023	
		SE SE	77
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		$\frac{1}{2}$ $\frac{1}{2}$	
		Y PH	— [[[
		ان کا کا ان	U
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	, enter the name of the new legis	<u>tered</u>
Name of New Registered Agent:			_
New Registered Office Address:	Enter Florida stre	et address	
		Flarida	
	City	, Florida Zıp Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	ee to act in this capac performance of my di provided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, if this document i	

company has been notified in writing of this change.

If Changing 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>	Name	Address	Type of Action
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			Remove
			□Change

	formation, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
te: If the date inserted in	date the date of filing:
cord specifies a delayed is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
AUGUST 23	2023
	Signature of a member or authorized representative of a member
_	Walter Wigolas Vaidachi