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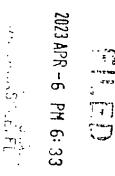
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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S. FRANYLIN MAY 2 3 2023

## **COVER LETTER**

TO: Registration S Division of Co			·
SUBJECT: <i>\/E</i> /	V. V. D. V. V. V. Name of Limi	MAMI, LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	SILVIA H	EE Name of Person	<del></del>
	VENI. VIDI	Firm/Company	UC
	3030 N A	ROCKY POINT D. Address	R STE 150A
		City/State and Zip Code  /// Fashi on o be used for future annual repor	
For further information	concerning this matter, please ca		
	of Person	at ( 786 )S Area Code D	557-0034- aytime 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 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 OF

VENI. VIDI. VI	CI. MIAMI, LIC			_
(A Florid	lity Company as it now appea da Limited Liability Company)	ers on our records.)	•	
The Articles of Organization for this Limited Liability	Company were filed on	09/22/	2016 and	assigned
Florida document number <u>L 16 0001 77</u> 588	<u>.                                    </u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company h	ere:		
VENI. VIDI. VICI. WORLD LIC				
The new name must be distinguishable and contain the words "Li	mited Liability Company," the	designation "LLC" o		"L.L.C."
Enter new principal offices address, if applicable:			2023	
(Principal office address MUST BE A STREET ADD	RESS)		平界	7.1341
			5	473773
			23. 温	ا الله الله الله الله الله الله الله ال
Enter new mailing address, if applicable:		· — · — · — · — · — · — · — · — · — · —	်း တ	TR SAME
(Mailing address MAY BE A POST OFFICE BOX)			7 3	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		records, <u>enter th</u>	e name of the	new registere
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flo	rida street address		
		Flori		
	City		Zip Co	de

## 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 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>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			Change
<del></del>		<del></del>	□ Add
		<del>.</del>	□ Remove
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			∏ Change

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