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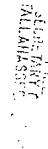
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COVER LETTER

TO:		stration Se sion of Cor						
CHID IEA		Virtuous Pr	oducts					
SUBJE(CI.		Name of Lim	ited Liability Company				
The enci	losed	Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please ro	eturn :	all correspo	ndence concerning this matter	to the following:				
			Erick Rodriguez					
				Name of Person	<u> </u>			
			Virtuous Products					
			-	Firm/Company				
			401 E 1st Street #1868 - 06	077				
				Address	Ì			
			Sanford FL, 32772					
				City/State and Zip Cod	e			
			virtuousproductsmail@gma	The second secon				
			E-mail address: (to be used for future annu-	a report notification)			
For furth	her inf	formation co	oncerning this matter, please ca	all:				
Erick R	odrigi			321 7 at ()_	0 0343			
		Name of	f Person	Area Code	Daytime Telephone N	lumber		
Enclose	d is a	check for th	e following amount:					
\$25.	.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e	nclosed) Ce	.00 Filing Fee, ratificate of Status & ratified Copy ditional copy is enclosed)		
		MAILI	ING ADDRESS:	STRE	 ET/COURIER ADDRE	CSS:		
		Registra	ation Section	Registr	ation Section			
		Divisio P.O. Be	n of Corporations ox 6327		n of Corporations Building			
			ssee, FL 32314	2661 E	2661 Executive Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Virtuous Products (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 01/05/2017 and assigned Florida document number L17000004585 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: New Registered Office Address: Enter Florida street address City 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

Page 1 of 3

If mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** Erick Rodriguez 401 E IST STREET #1868 - 0077 CEO _□ Add SUITE 400 SANFORD, FL 32772 Remove ☐ Change MGR German Rodriguez 401 E IST STREET #1868 - 0077 **■** Add SUITE 400 SANFORD, FL 32772 ☐ Remove ☐ Change □ Add _□ Remove ☐ Change

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an effective da lote: If the d	ate is listed, the da late inserted in	this block does n	and cannot be prior	able statutor	igor more than 90 day	(optional) s after filing.) Pursuant to t s, this date will not be l	
		layed effectiv e record is file		et an effect	tive time, at 12:	01 a.m. on the ea	rlier (
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The 90th	inter 1	8	.2017		1		
The 90th	enter 1 erman 1	8 Rodriguez	. 2017 1	1			
The 90th	erman l	Rodriguez Signature o	. 2017 of a member or auth	orized represe	ntative of a member		
The 90th atted Dece	enter 1 erman l	Signature o	. 2017 Of a member or auth Typed or print	orized represer			

Filing Fee: \$25.00