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To:	Division of Corporations	
	Fax Number : (850)617-6383	
From:		
	Account Name : JFS CONSULTING SERVICES LLC	•
	Account Number : I20220000092	
	Phone : (786)440-5553	
<u> </u>	Fax Number : (786)279-5272	
<u> </u>		
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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations VYCOR INVESTMENTS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jorge Schneider Name of Person J.F.S. Consulting Services Firm/Company 19790 W.Dixie Hwy Ste #1130 Address Miami, FL 33180 City/State and Zip Code Pschneider@jfsbizup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 4405553 Jorge Schneider Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. ■ \$25.00 Filing Fee ☐ 530.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed). Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## FILED

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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7271 NW 36st	3: 52 STATE ORIO		
address on our records, ente	r the name of the new registere		
<u></u>			
J.F.S. Consulting Services, LLC			
e Hwy #1130			
Enter Florida street addre			
, F	lorida 33180 Zip Code		
	s Hwy #1130 Enter Florida street addre , F		

## 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

Title	<u>Name</u>	Address	Type of Action
MGR	Levy Coriat	7271 NW 36st	■Add
		Miami FL, 33166	[]Remove
			□Change
MGR	Valentina Coriat	7271 NW 36st	
		Miumi FL. 33166	[]Remove
		720 NE 62 ST	[]Change
MGR	CORIAT INVESTMENTS GROUI	102	□Add
		MIAMI, FL 33138	Remove
			☐Change
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f an effective date is listed, the date mus	date of filing:  be specific and cannot be prior to date of filing or more than ock does not meet the applicable statutory filing requires.	90 days after filing.) Pursuant to 60	5.0207 ( ted as t
locument's effective date on the De			
record specifies a delayed effectived is filed.	edate, but not an effective time, at 12:01 a.m. on the c	earlier of: (b) The 90th day after	er the
Amount 11 or	2024		
Dated			
Dated August 21st			
Dated August 21st	Signature of a member or authorized representative of a me	mher	

Filing Fee: \$25.00