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COVER LETTER

TO: Registration Section

Division of Cor	porations					
SUBJECT: ARCTURU	S COMPANY LLC					
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:				
	EDGARD NOGUEIRA JU	INIOR				
		Name of Person				
	VIMA SERVICES LLC		<u>-</u>			
		Firm/Company				
	2582 MAGUIRE ROAD.	Ste 410				
		Address				
	OCOEE, FL, 34761					
	accounting@vimabc.com	City/State and Zip Code				
	_	to be used for future annual report no	tification)			
For further information c	oncerning this matter, please c	all:				
Edgard Nogueira Junior		at (954) 865 8871 Area Code Daytii				
Name o	f Person	Area Code Daytii	ne Telephone Number			
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	S30.00 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)			
Malling Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration So Division of Co The Centre of	rporations			
Tallahassee,			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

ARCTURUS COMPANY LLC

2020 JFT -5 PH 4:52

The Articles of Organization for this Limited Liability Company were filed on 00 10/09/2017 _____ and assigned Florida document number L17000208755 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 "L.L.C." 2582 Maguire Road, Ste 411, Enter new principal offices address, if applicable: Ocoee, FL, 34761 (Principal office address MUST BE A STREET ADDRESS) 2582 Maguire Road, Ste 411 Enter new mailing address, if applicable: Ococe, FL, 34761 (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: VIMA Services LLC Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

2582 Maguire Road, Ste 410

City

Ococe

If Changing Registered Agent, Signature of New Registered Agent

muica

Enter Florida street address

, Florida <u>³⁴⁷⁶¹</u>

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>	<u>Address</u>	Type of Action
			
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record specif d is filed.	ies a delayed et	Tective date, but	. not an effectiv	/e time, at 12:0	la.m. on the ea	ulier of: (b) T	he 90th day after the
Dated	2	7	2020	<i>P</i> _	_		
		Signature	of a member or a	uthorized repres	entative of a men	iber	

Filing Fee: \$25.00