## L180000 27618

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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:	Registration Se Division of Cor		·	
CUDI	Vilexi LLC			
SUBJ	ECT:	Name of Lin	nited Liability Company	
The er	aclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Collin Murphy		
			Name of Person	
		Vilexi LLC		
			Firm/Company	
		7325 NW 83RD AVE		
			Address	
		TAMARAC, FL 33321		
			City/State and Zip Code	<del></del>
		trueblue892@gmail.com		
For fu	rther information c	encerning this matter, please c	to be used for future annual report notificat	non)
Collin	Murphy		954 245-3450 at ()	20
	Name o	of Person	Area Code Daytime Te	elephone Number.
Enclos	sed is a check for the	he following amount:		
\$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vilexi LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)	)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L18000023618</u> .  This amendment is submitted to amend the following:	ere filed on 1/25/2018	and assigned
•		
A. If amending name, enter the new name of the limited liabilit	y company nere:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC"	or the abbreviation "L.L.C."
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 offic registered agent and/or the new registered office address here:	e address on our records,	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		1. 4. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.
	Enter Florida street address , Flor	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ac	erformance of my duties, and ovided for in Chapter 605, F.	l Fam familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
AMBR	Lavern Christian	462 ne 210th circle terrace, #203, n	Add
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April 6th		2018			कें	
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	Signature	of a member or suth	orized representativ	e of a member		

Page 3 of 3

Filing Fee: \$25.00