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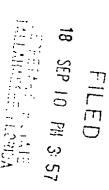
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## COVER LETTER

	Registration Se Division of Cor			
SUBJEC	VIPUROL	OGY, LLC		
SUBJEC	.1	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Vladislav Gorbatiy		
		VIPUROLOGY	Name of Person	
		5255 N. Sterling Ranch Ci	Firm/Company irle	· · · · · · · · · · · · · · · · · · ·
		Davie, FL 33314	Address	<del></del>
		vladmd@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	tification)
For further	er information co	oncerning this matter, please ca	all:	
Vladislav	y Gorbatiy		954 990-6651 at ()	
-	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>\$</b> 25.0	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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ı street address
. Florida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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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Effective date, if other than If an effective date is listed, the date	the date of fili	ng:			(optional)	(05.6307
Note: If the date inserted in thi	s block does not	meet the appl	icable statutory			
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ne record specifies a dela The 90th day after the			iot an effecti	ve time, at 12	:01 a.m. on th	e earlier of
Dated August 31		2018	, ,			
Dated	71	7/	Zorvor	)_		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00