L18000052651

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COVER LETTER

TO:		istration Sec sion of Corp			
SHD IC	CT.	Vicaner LLC			
SUBJE	CI;		Name of Lim	ited Liability Company	
The enc	losed	Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn	all correspon	dence concerning this matter	to the following:	
			Ernesto A Leccadito Puent	de	
				Name of Person	
			Vicaner LLC		
			·	Firm/Company	
			833 Selkirk ST		
				Address	
			West Palm Beach, Florida,	, 33405	
				City/State and Zip Code	
			manager@miamidelaspamp		12
				to be used for future annual report no	iffication)
For furt	her in	formation co	ncerning this matter, please ca	all:	,
Elizabe	th Fel	lipe		305 7553924	/561-236-1880
		Name of	Person	at () Area Code Daytir	ne Telephone Number
Enclose	d is a	check for the	e following amount:		
\$25	.00 Fi	iling 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

DocuSign Envelope ID: E5E8D38A-42E7-4AE5-BA9F-5B91488E36F0 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Vicaner LLC		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on February 27th 2018	and assigned
Florida document number L18000052651		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability 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	<u> </u>	
		8
		JUL
Enter new mailing address, if applicable:		- PA
Mailing address MAY BE A POST OFFICE BOX)		Y CE
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		ATTO ATTO
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because the second of the new registered of the registered of the new registered of th		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida _	
	City	Zip Code

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

DocuSign Envelope ID: E5E8D38A-42E7-4AE5-BA9F-5B91488E36F0
H amending Authorized rerson(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
MGR	Maria Del Carmen Annan Fresco	833 Selkirk ST	Add
		West Palm Beach, Florida, 33405	□ Remove
			☐ Change
			Add
			□ Remove
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			☐ Change
			□ Add
			☐ Remove
			☐ Change

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	ated		2018	·				
Signature of a member 89 authorized representative of a member		ſ	Frusto a	Lecaddito A	mente			
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Filing Fee: \$25.00

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