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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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- COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Vamila's Busin	DESS HOME LLC ited Liability Company	~) sid.
	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return ail correspondent	ondence concerning this matter	to the following:	
	YAN	nila GALLINAL Name of Person	
	/	Name of Person	
		Janoi a Eigen Company	
		Eiran Company	
	14310 Sue 28	VB ST	
		Address	
	Homes	TEAC, FL. 330 City/State and Zip Code SAL & Gmail.	33
	1/2 22	City/State and Zip Code	
	YWALLI	sal e gmail.	COVII
	e-man address. (to be used for future annual report notif	neation)
For further information of	concerning this matter, please co	all:	
- Jamin	la GALLINAL	at (305) 766 Area Code Daytime	-3974
? Name o	of Person	Area Code Daytim	e reiepnone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VAMILAS BUSINESS	Home · LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Hability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>83 - 0733058</u> .	were filed on $05/26/70/8$ and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14320 SW ZOO ST Homestead, FL 33033
Principal office address MUST BE A STREET ADDRESS)	HomesteAd, FL 33033
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	·
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
	City Lap Court

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 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
-			□Add
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□ Remove
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			☐ Change
			□ Add
			Remove
			□Change

2. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the coord is filed. Dated Dated Signature of a member or authorized representative of a member		
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the cord is filed.		
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Dated 02/26/2021 Signature of a momber or authorized representative of a member		
Signature of a momber or authorized representative of a member	Dated _	02/26/2021 Vanisa
/		Signature of a mornber or authorized representative of a member
Typed or printed name of signee		/