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## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:	VAIRX	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Vc	ibhar Alanc	likar
		Name of Person  Vai Ry LL C  Firm/Company	
	[87	223 Portside	st.
	Ta	City/State and Zip Code ,	647
	VALÉ	City/State and Zip Code  RX LLC & GMail. ( to be used for future annual report notific	one
For further information c	concerning this matter, please c	all:	
Vaibhar	Alandikar	at (277), 417	47.45
Name (	of Person	Area Code Daytime	Telephone 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 tadditional 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**

VAIRX	UC
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>LIS 000 170 3</u>	pany were filed on $\frac{07/16/2018}{2018}$ and assigned
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 I	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	S)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AMII: 10
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the nev</u> <u>here</u> :
Name of New Registered Agent:	N/A
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Ag	gent:
provisions of all statutes relative to the proper and comp	agree to act in this capacity. I further agree to comply with the olete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is ffice address. I hereby confirm that the limited liability  \[ \int \int \int \int \int \int \int \int
īī	Changing Registered Agent, Signature of New Registered Agent

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 Type of Action <u>Address</u> <u>Title</u> Name | □ Add \_□ Remove \_□ Change \_□ Add \_□ Change  $\square$  Add Remove ☐ Change \_□ Add \_□ Remove ☐ Change □ Add \_□ Change ☐ Remove ☐ Change

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ective date, if other than the date of file effective date is listed, the date must be specific a effective date inserted in this block does no iment's effective date on the Department of ecord specifies a delayed effective are 90th day after the record is file	and cannot be prior to dan it meet the applicable of f State's records.	statutory filing requir	ements, this date will	l not be liste
d 8/29/18	2018			

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00