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COVER LETTER

TO:	Registration S Division of Co			
		elopers LLC		
SUBJE	ECT:	Name of Lim	ited Liability Company	
The en-	closed Articles of	*Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Brenda Viera		
			Name of Person	. <u></u>
			Firm/Company	
		4820 Pembroke RD		
			Address	·
		Hollywood, FL 33021		
		calbrendy@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual repor	rt notification)
For fur	ther information o	concerning this matter, please ca	aH:	
Brenda	a Viera		954 806-89	94
	Name o	of Person	at () Area Code D	aytime Telephone Number
Enclose	ed is a check for t	he following amount:		
≡ \$2.	5.00 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 Addre Registration Division of C P.O. Box 632	Section Corporations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vielix Developers LLC		
(<u>Name of the Limited Liability</u>) (A Florida Li	Company as it now appears on imited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Con Florida document number		2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4820 Pembroke RD	7,8
(Principal office address MUST BE A STREET ADDRE.	Hollywood, FL 3302	21 22
		2
Enter new mailing address, if applicable:	Same	PH
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Same as	office address on our recor	rds, enter the name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida s	ireet address
	Circ	Florida Zip Code
New Registered Agent's Signature, if changing Registered A	City	хір Соле
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	 nd agree to act in this cape aplete performance of my nt as provided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if this document is

If 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Roger Calix	711 Amherst Ave Davie FL 33325	
			□Remove
			□Change
MGR	Francisco Viera	13725 Carlton DR Davie FL 33330	
			□ Remove
			Change
			🗀 Add
			□Remove
			Change
			🗀 Add
			Remove
			
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

fective date, if other than the date of filing:	
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Signature of a member or authorized representative of a member	_