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2022 JUNI 6 AMIII: 39 SECHLEMENT CONTR TALLAHASSEELEL

, COVER LETTER

Registration Section

TO:

Division of Corp	orations		
SUBJECT: KQ-	Marina Tiffcon Name of Limi	y and Veritas Go	issmann L. L.C.
The enclosed Articles of A	mendment and fee(s) are subt	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Tanya G	Name of Person	
	Katharina	Tiffany and 18 Firm/Company	vitus Gasmann LLC
	1104 Pack	Cor Stret Address	
	Key wet	Flaida 3.3041 City/State and Zip Code	<u> </u>
	Vignia - Email address: (1	Cackera Orotany	nail.com
For further information co	ncerning this matter, please ca	ill:	
Tanya Gass Name of	Person	at (305) — GCO - Daytime	8280 Telephone Number
Enclosed is a check for the	following amount:		
1 \$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 So Division of Co	ection	Street Address: Registration Sec Division of Corp	porations
P.O. Box 6327 Tallahassee, Fl		The Centre of Ta 2415 N. Monroe	allahassee : Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(,)	V Florida Limited Liability (Company)			
The Articles of Organization for this Limited Liab		led on <u>October</u>	<u>(03, 2018</u> ai	nd assig	gned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liability cor	npany here:			
The new name must be distinguishable and contain the wor	ds "Limited Liability Comp	oany." the designation "	LLC" or the abbreviat		.C."
Enter new principal offices address, if applical	ble:			2022	·
(Principal office address MUST BE A STREET	ADDRESS)			<u>=</u>	-
				<u> </u>	44 (44 (44)
			Si .	AH II	
Enter new mailing address, if applicable:				<u>-</u>	
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			<u> </u>	
B. If amending the registered agent and/or regagent and/or the new registered office address		on our records, <u>en</u>	ter the name of th	ie new	registere
Name of New Registered Agent:	Palar	i Meador			
New Registered Office Address:	1104 PC	Enter Florida street ad	et Idress		
	1/ 11		~ ?	AUA	

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

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>	Address	Type of Action
<u>AMBR</u>	Tanya Gassmann	1104 Packer Street Key west FL 33040	©Add
			□Remove
			□Change
<u>mgr</u>	Tanya Geusmann	1104 Parker Street Kry West FL 33040	□Add
	J	Kry West FL 33040	CMRemove
			□Change
			□Add
			□Remove
			□Change
			□Add
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