## 118000 236369

Office Use Only



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12-18-18

## **COVER LETTER**

Division of Co	orporations		
	. LLC		
Name of Person  at (			
The enclosed Articles o	f Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	Anthony Morales		
		Name of Person	
	MyUSA torporation.com		
		Firm/Company	
	1 Radisson Plaza, Suite 800		
		Address	
	New Rochelle, NY 10801		
	<del></del>	City/State and Zip Code	<del>-</del>
		•	ification)
For further information of	concerning this matter, please cal	1:	
Anthony Morales			
Name e	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.0€ Filing Fee & Cert. icate 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:

TO:

**Registration Section** 

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

VIVMAL LLC					
(Name of the L. nited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)				
The Articles of Organization for this Limited Liability Compan					
Florida document number L18000236369	y were fried on	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company bora				
VIVMAL LLC	· <del></del>				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LIC" or I	the abbreviation M. L. C. n.			
Enter new principal offices address, if applicable:	8345 NW 66 ST. Unit# D3287	the aboreviation C.L.C.			
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33166				
Enter new mailing address, if applicable:	8345 NW 66 ST. Unit# D3287				
Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33166				
<ol> <li>If amending the registered agent and/or registered off egistered agent and/or the new registered office address here</li> </ol>	fice address on our records, <u>en</u> s	ter the name of the new			
sales ed office address nere	;	2018 SE( TAL			
Name of New Registered Agent:	_	DEC			
New Registered Office Address:		SSE			
	Enter Florida street address	T 28			
	City, Florida				
W Registered Agent's Signature if changing D	City	□ Elp Code			

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment is 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 □ Add \_\_ 🗆 Remove \_\_ Change \_\_ 🗆 Add \_ Remove \_\_ Change □ Add Change Remove Change \_□ Add □ Remove ☐ Change □ Add

□ Remove

□ Change

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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this blocument's effective date on the I	the specific a	and cannot be p	prior to date o plicable stan	filing or more utory filing re	than 90 days after equirements, th	ional) or filing.) Pursus is date will no	ent to 605.020 It be listed a
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November 26		2018					
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Filing Fee: \$25.00