U80002360369

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



500332488115

07/30/19--2123-225 \$ 33.00 3 5 5 5

Manachs

AUG 0 5 2019

I ALBRITTON

COVER LETTER

SUBJECT: Vivinal L		. 11:12: 0	
	Name of Lim	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subt	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	Jennifer Cornejo		
		Name of Person	
	MyUSAcorporation.com		
	- :-	Firm/Company	<u> </u>
	1 Radisson Plaza, Ste.800		
		Address	
	New Rochelle, NY 10801		
		City/State and Zip Code	
	krisben88@gmail.com		
	E-mail address: (to	be used for future annual report noti	fication)
For further information of	concerning this matter, please cal	l:	
Jennifer Cornejo		877 330-2677	
Name o	of Person	877 330-2677 at () Daytime	e 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 (additional copy is enclo-

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

Vivm	al LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appea Liability Company)	rs on our records.)	·
The Articles of Organization for this Limited Liability Compan	y were filed on	10/05/2018	and assigned
Florida document number L18000236369			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :	
MALVE			
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			 -
(Principal office address MUST BE A STREET ADDRESS)			019
			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			= -
			<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he	ffice address on o re:	our records, enter th	te name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addr	ess
		Florida	
	City		Zip Code

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	<u>Name</u>	Address	Type of Acti
 -			
			
			Remove
amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)
			_
	July 23, 701	9	

Page 2 of 2

Filing Fee: \$25.00