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COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT:	V 3 E Enter	Drues LLC ited Liability Company		
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
	Eric C	Name of Person		
	IVYE	Enterprises LL Firm/Company	<u> </u>	2022 h
	2598 E S	unruse Blud Su	ite 2104	022 KGV 29 053 NGV 29
-	Fort Laude	City/State and Zip Code Ornes 98@amo To be used for future annual report notif	U.COM	PH 2: 19
For further information conc	erning this matter, please ca	ali:		
Eric Conny Name of Pe	ngham	at (<u>305</u>) <u>900</u> Area Code Daytime	- 394 \ Telephone Number	
Enclosed is a check for the fo	ollowing amount:			
□\$25.00 Filing Fee i	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Certificate o Certified Coj (additional copy	f Status & py
Mailing Address: Registration Sec	tion	Street Address: Registration Sec	etion	
Division of Corr	acrations	Division of Corn	norations	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Compar Florida Limited L	ny as it now appears on our recordiability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liab Florida document number\NSOOO_2_\L_\C	oility Company	11-	2018 and assigned
A. If amending name, <u>enter the new name of t</u>	<u>he limited liabi</u>	lity company here:	
The new name must be distinguishable and contain the work Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	ole:	2598 E Sunc Suite 210 Fort Louderd	ne Blud
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE B</u> e	<u>0X)</u>		nse Blud
B. If amending the registered agent and/or regagent and/or the new registered office address		ddress on our records, <u>enter</u>	r the name of the new registered
Name of New Registered Agent: New Registered Office Address:	3111 N	University Dr Enter Florida weet addre	Suite 310
	Coral	<u> 5prings</u> . F	lorida <u>33() () 5</u> 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 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 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** Address Title **Name** MGR | Eric Curningham 2598 E Surrise Blud [Add _____Suite 2104 □Remove ŒO FORT Lauder dale, FL 38804 Wichange _____ □Add Remove ☐ Change □Remove -_ □Remove □Add __ ⊟Remove _____ □Change

Remove

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fective date, if other than in effective date is listed, the date of the date inserted in the date i	must be specific and	d cannot be prior to	o date of filing or toole statutory fili	nore than 90 days at	fter filing.) Pur	suant to 605 not be liste	.020 ed a
ocument's effective date on the			-				
record specifies a delayed effi	antina data but nas	t na stEsativa tina	12:01 a m	on the earlier of	(b) The 90	th day after	r the
is filed.	enve date, our noi	i an encense un	ic, at 12.01 a.m	on the currer or.	(t) The 70	ar day arre	
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Filing Fee: \$25.00