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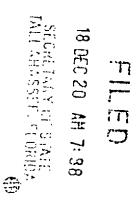
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## **COVER LETTER**

Division of Corpo	orations	
SUBJECT: Vivi	Force LLC  Name of Limited Liability Company	
	Traine of Chinese Datonicy Conquary	
The enclosed Articles of Art	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	himber Hill	
	Name of Person	
		<del></del>
	Firm/Company	<del></del>
	rangeongany	
	5980 Heatherton Rd.	
	Address	
	Milton, FL 32570 City/State and Zip Code	
	City/State and Zip Code	
	himberHill 7717 camail cam	
	E-mail address: (to be used for future annual report notification)	<del></del>
For further information con-	ncerning this matter, please call:	
<u>himber</u>	Person at $(250)$ SZZ - $772$ Area Code Daytime Telephone N	.3
Name of P	Person Area Code Daytime Telephone i	Number
	CH C	
Enclosed is a check for the	· / -	
□ \$25.00 Filing Fee		0.00 Filing Fee, ertificate of Status &
		ertified Copy
·	•••	lditional 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

Virt Force LLC				
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	ile ou o	ur recor	<u>ds.</u> )	
• • •		i	1	
The Articles of Organization for this Limited Liability Company were filed on _	11	19	2018	_ and assigned
Florida document number <u>L180</u> Zu9924	,		•	

This amendment is submitted to amend the following:

A	If amending	name enter	the new n	ame of the l	limited liabilit	v company	here:
	II AIRCHURIZ	HAIME, CHICL	THE HETT H	aine or the i	инисч пами	, COUITDAILL	истс.

,	te designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	ASS #
(Principal office address MUST BE A STREET ADDRESS)	
	25 O T
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	<del>V</del>
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	on our records, enter the name of the n

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

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Johni Etheridge		D Add
		5053 Carly CT. 32583	Remove
0000	7100 HII		□ Change
MGR	John Hill	5180 Heatherton Rd. 32	<b>X</b> Add
			Remove
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	Signa	ture of a mer	nber or author	zed represent	ative of a m	ember	<del></del>		

Page 3 of 3

Filing Fee: \$25.00