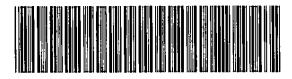
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(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Docu	ıment Number)	.
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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12/15/20

COVER LETTER

TO: Registration Se Division of Cor			
VIVALIS I	LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing	
	ondence concerning this matter		
r icase return an correspo	indence concerning this matter	to the following.	
	INNA ERLIKH		
		Name of Person	
	CORONA TAX SERVICE	S INC	
		Firm/Company	Daytime Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
	3800 S. OCEAN DR STE	216	
		Address	
	HOLLYWOOD, FL 33019	1	
		City/State and Zip Code	·
	INFO@CORONATAXUSA E-mail address: ()	A.COM to be used for future annual report noutle	cation)
For further information c	concerning this matter, please co		
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration		Street Address: Registration Sect	tion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIVALIS LLC		
(<u>Name of the Limited Liab</u> i (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
		and assigned
Florida document number L18000286298		
This amendment is submitted to amend the following:		2020 N
The Articles of Organization for this Limited Liability Florida document number L18000286298 This amendment is submitted to amend the following: A. If amending name, enter the new name of the line The new name must be distinguishable and contain the words "Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	mited liability company here:	FILE
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADD	ORESS)	<u>_</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VERA SCUTARI	201 180th DrUnit 414	
		SUNNY ISLES BEACH, FL 33160	□Remove
			Change
			2020 #OV - Refridere
			PIC PREMISE TI
			□Change
			□Add
			Remove
			□Change
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			□Remove

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