## L18000 286298

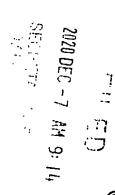
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2A-1/20/21

## **COVER LETTER**

. . . . . .

TO:

Registration Section Division of Corporations

SUBJECT:	VIVAL	is	
Someth	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	<del></del>
		Address	<del></del>
	<del></del>	City/State and Zip Code	
For further information of	E-mail address: (	to be used for future annual report no	lification)
Name v	of Person	at ()	me Telephone Number
Enclosed is a check for t	he following amount:		
	☐ \$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 enclosed)
Mailing Address Registration	Section	Street Address: Registration So	
Division of C P.O. Box 632 Tallahassee,	27	Division of Co The Centre of 2415 N. Monn	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. . . . . . . .

Florida document number <u>L 12000286298</u> .	were filed on $12/13/2018$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ity Company." the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	201 180th DR apt 414
(Principal office address MUST BE A STREET ADDRESS)	201 180th DR apt 414 city Sunny Isles, FL 33160
Enter new mailing address, if applicable:	201 1801h DR apt 414 city Sunny Isles FL 33160
(Mailing address MAY BE A POST OFFICE BOX)	city Junny Istes FL 33160
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	address on our records, enter the name of the new registered
agent and/or the new registered office address here:	Enter Florida street address
Name of New Registered Agent:	Enter Florida street address Florida  City  Zip Code
Name of New Registered Agent:	Enter Florida street address Florida  City  Zip Code

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>	Name	Address	Type of Action
AMBR	Sculari Vera	201 180th DR apt 414	□Add
		201 180th DR apt 414 city Sunny Isles FL 33160	_ Zremove
			□Change
			□Add
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lf an effect <u>Note:</u> If	date, if other than the date of filing:
e record s ed is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	12/02/2020
	Wink the second of the second
	Signature of a member, or authorized representative of a member
	160R ( )CUIANI