

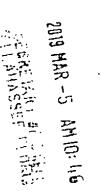
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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	MATARIE L	LC	2019 MAR -5 AM 10: 46
		led Liability Company	OLDAE JARY & JOHN TALLAHASBEE FLORIS
The enclosed Articles of Art	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Letici	a Williams Name of Person	
	VAT	ARIE LLC Firm/Company	
	1110	BRICKEU AVE	430K-53
-	Miami Vatto E-mail address: (to	City/State and Zip Code On the Used for future annual report notifications.	γγ ion)
For further information conc	erning this matter, please cal	N:	
Leticia U Name of Pe	Jilliams	at (786) 288-10 Area Code Daytime Te	128 lephone Number
Enclosed is a check for the f	ollowing 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 enclosed)

MAILING ADDRESS:

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VA'TARIE LIMITED LIABILITY Com	714NY
(Name of the Limited Liability Company as it now appears on our records.)	
(A Florida Limited Liability Company)	

	vere filed on $1/7/2019$ and assigned
The Articles of Organization for this Limited Liability Company	vere filed on 1 1 1 2 2 2 2 and assigned
Florida document number <u>L19000007842</u> .	
This amendment is submitted to amend the following:	2019 MAR -5
A. If amending name, enter the new name of the limited liabil	lity company here:
VATARIE LLC	A H
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1110 BRICKELL AVE 430K-53
	Miami, Fl 33131
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1110 BRICKEIL AVE 430K-53 Migmi, FI 33131
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the ne
Name of New Registered Agent:	Same as on file)
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	(
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

or removed	from our records:	-	
MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			□ Change
			□ Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			Remove
			Change
·			
			☐ Remove

_□ Change

· _	Just needed the Business name changed
	and the # sign removed from address, everything else stays
-	address, everything else stays
	the same
_	
_	
_	
(If an effect Note: It	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated _	Signature of a member or authorized representative of a member
	Leticia Williams Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00