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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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T. MATTHEWS NOV 2 3 2021

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJI	ECT:	Vior	LLC	
		Name of Limi	ted Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
		Diego	DE SOUZA Name of Person	Monteiro
		Vio	Firm Company	<del></del>
		0137 N	.W. 44 St #	B
		Miaki Diegomo	Floride 3 City/State and Zip Code Onteiro 88@ Cook obe used for future annual report no	3142 
For fur	ther information co	oncerning this matter, please ca		
Di	ego De Name of	Souza Montein	at (786) 807	ne Telephone Number
Enclos	ed is a check for th	e following amount:		
<b>№</b> \$2	5.00 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 Address: 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

	· ·
11.	21 KOY 12 PH 12: 21
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records,)
	1 1
The Articles of Organization for this Limited Liability Company	were filed on $0t/30/30/9$ and assigned
Florida document number <u>L 190000307//</u> .	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office :	address on our records, enter the name of the new registers
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

### 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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

Title	<u>Name</u>	Address	21 HGV 12 PH12: 21	Type of Action
A <u>HBR</u>	Ana Caroliny Silva Albuque	19 <u>ue 17</u>	2505 NW 6772 Apt G	□ Add
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<u>ote:</u>	tive date, if other than the date of filing:
ecor is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the fled.
ited	November 08 . 2021.
	Signature of a thember or authorized representative of a member
	DiEgo De Souza Monteiro Typed or printed name of signee

Filing Fee: \$25.00