L190000376665

(Requ	uestor's Name)	
(Addr	ess)	
(Addı	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doct	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



500350495145

08/17/28--01922--013 **59.00

2023 MIC 17 PH 5: 42

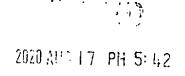
COVER LETTER

TO: Registration Section

Division of Cor	porations				
CHDICZT.		TO LLC			
SUBJECT:		ited Liability Company			
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	471-4655 Paytime Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Please return all correspo	ndence concerning this matter	to the following:			
		Yanet Comesanas			
		Name of Person			
		VGV (US) LLC			
Firm/Company					
	201	Alhambra Circle Suite 600			
	Address				
		Coral Gables, FL 33134			
	-	City/State and Zip Code			
		c@vivancoyvivanco.com			
	E-mail address: (to be used for future annual report notif	fication)		
For further information c	oncerning this matter, please c	all:			
Yanet Comesanas		786 at ()			
Name o	f Person	at () Area Code Daytime	e Telephone Number		
Enclosed is a check for the	ne 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		
Mailing Address Registration S	Section	Street Address: Registration Sec			
Division of C P.O. Box 632		Division of Cor The Centre of T			
Tallahassee, l			e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



RIVETO L	.LC		
(<u>Name</u> of the <u>Limited Liability Compa</u> (A Florida Limited I	ny as it now appear Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	02/06/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	ere:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		·····
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our r	ecords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		.	
New Registered Office Address:			
	Enter Flo	rida street address	
		Florida _	
	City		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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Santiago Soto Trujillo	201 Alhambra Circle Suite 600	
		Coral Gables, FL 33134	■Remove
			□Change
MGR	Juliana Vallejo Zuluaga	201 Alhambra Circle Suite 600	= Add
		Coral Gables, FL 33134	□Remove
			□ Change
	 		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

						·		
			<u></u>					
						.		
					•			
								
					<u> </u>			
	_	 ,	-				_	
			 -	<u> </u>			- 	
			•					
				•				
								
		_						
			<u></u>					
				<u> </u>				
<u>ote:</u> If t	date, if other that we date is listed, the da he date inserted in t is effective date on	this block does no the Department o	ot meet the applica of State's records.	ble statutory f	iling requirem	ients, this dat	te will not be fist	ed a
record sp	occifies a delayed ef							
			2020		1 /			
is filed.	August 12th		2020	/	1-1-	3		
			2020	·	ative of a memb	er	_	

Filing Fee: \$25.00