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(Re	questor's Name)	
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COVER LETTER

Division of Co		.	
SUBJECT:	VLAS, 440 Name of Line	C	
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		12ria S Kell	<u></u>
		•	
	<i>V</i>	4AS, 44C	
	220 king	15 point dr,	2pt 40+
	Sunny Is	Les, F4, 331.	60
	E-mail address. (SO/E I @ hot m	ication)
For further information	concerning this matter, please ca	all:	
Maria	S. Kelly	at (<u>917</u>) <u>420</u> Area Code Daytime	2619
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
☐ \$25.00 Filing Fee	2 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· · · · · · · · · · · · · · · · · · ·				
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number 41900041297	y were filed on <u>Feb</u> , 11	2019	$\frac{2}{2}$ and ass	signed
This amendment is submitted to amend the following:				
his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable:				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbre	viation "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)				
				
		s, <u>enter the</u>	e name	of the new
Name of New Registered Agent:		IVI SEC	2019	
New Registered Office Address:		AHAS	(2	<u></u>
	Enter Florida street address	. <u> </u>	27	
		orida	<u></u>	<u></u>
New Registered Agent's Signature, if changing Registered Agent:	•	양경	Zipt ode	C.J
Agent section received received a changing registered Agent.	<u>-</u>	9.00	<u>σ</u> ,	

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title Name Address Type of Action same address CFO Marya Kelly □ Add _□ Change CFO Maria S Kelly 220 kings point dr NAdd 2pt 407, Sunny Isles Remove F4, 33160 _____ Change □ Add __ 🔲 Remove _ ____ Change ☐ Remove _□ Change □ Add ☐ Remove

Change

. If amending a	ny other inform	iation, ente	r change(s)	here: (Attac	h addition <mark>a</mark>	l sheets, if n	ecessar	i.)		_
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Effective date,	if other than th	ie date of fi	ling:			(o _l	ptional)	مثر		
	is listed, the date m to inserted in this l									
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	ecifies a delaye ay after the re			not an eff	ective time	e, at 12:0	1 a.m.	on the e	earlier	of:
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Dated_Fe	-6, 25	<i>th</i>	. 20	19						
		Signature	Camember or	authorized rep	esentative of a	member				
			/							
			Marie	S S A	e/14					
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Filing Fee: \$25.00