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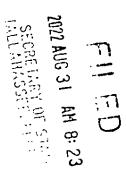
(Re	equestor's Name)	<del></del>
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	J. HORNE	
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Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co			
V.I.V.A.S SUBJECT:	LLC		
SUBJECT.	Name of Lir	mited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
	ondence concerning this matter		
	KARINA SIMON		
	<u> </u>	Name of Person	<del></del>
		Firm/Company	
	3372 BUFFAM PLACE		
		Address	
	CASSELBERRY, FL 327	07	
	KARINA.SIMON@VIVA	City/State and Zip Code	
	<del>-</del>	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
KARINA SIMON		407 463-1352 at ()	
Name c	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following 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)
<u>Mailing Addres</u> Registration 9		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	
P.O. Box 632 Tallahassee, I		The Centre of T	
rananasce, i	( しつとコース	2410 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



V.I.V.A.S LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L19000075605		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:	
KSIMON BUSINESS SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3372 BUFFAM PLACE	_
(Principal office address MUST BE A STREET ADDRESS)	CASSELBERRY, FL 32707	
	-	
Enter new mailing address, if applicable:	675 N HUNT CLUB BLVD #1005	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	LONGWOOD, FL 32779	
		name of the new registered
Name of New Registered Agent:		
	Enter Florida street address	
Name of New Registered Agent:		
Name of New Registered Agent:	Enter Florida street address , Florida	
Name of New Registered Agent:	, Florida	

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:

or removed from our records:	. ,	person	Demy	auticu
MGR = Manager AMBR = Authorized Member				

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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			DAdd
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an effective date is liste ote: If the date inse	ner than the date of f ed, the date must be specific rted in this block does n date on the Department	c and cannot be prior to not meet the applica	o date of filing or more	than 90 days after filir	O Discourant to GUE OF
record specifies a de is filed.	layed effective date, but	not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
AUGUST 31		2022			
	Ĵ				
7 ( <del>-</del> 7 )	/ <u> </u>				
	Signature (	of a member or author	rized representative of	a member	

Filing Fee: \$25.00