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(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	OCT 0 7 2022	
	A. LUNT	

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COVER LETTER

TO:

	gistration Se vision of Cor			
214 1 85		d Group, LLC		
SUBJECT:	<u> </u>	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Juan Arguello		
			Name of Person	
		Viva Capital Group, LLC		
			Firm/Company	
		2900 Glades Circle Ste. 95	50	
			Address	
		Weston, FL 33327		
			City/State and Zip Code	*****
		info@vivacapitalgroup.com		
			to be used for future annual report no	tification)
For further	information c	oncerning this matter, please c	all:	
Diego Sano	chez		646 835-9743	
	Name o	f Person	at () Area Code Daytii	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		<u>Street Address:</u> Registration S	ection
Registration Section Division of Corporations			Division of Corporations	
P.	O. Box 632	7	The Centre of	
Та	illahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Viva Capital Group, LLC

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

The Articles of Organization for this Limited L	iability Company	were filed on 04/18/2017	and assigned
Florida document number L19000106629	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designation '	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)	N/A	
		N/A	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)		N/A	
		N/A	
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:		audress on our records, <u>er</u>	ner the name of the new registered
New Registered Office Address:	N/A		
New Registered Office Address:		Enter Florida street ac	ldress
	N/A		, Florida N/A Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:	1	
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as _l	performance of my dutie. provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CRISTINA SANCHEZ	1623 ISLAND WAY	□Add
		WESTON, FL 33326	■Remove
			□Change
			□ Add
			□Remove
		<u> </u>	□Change
			□Remove
			□Change
			🗀 Add
		 	□Remove
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			□Remove
			□Change
			□Add
		<u>. </u>	□Remove
			□ Change

E. Effective date, if other than the date of filing: (Optional) (If an effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 603,0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record 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 ecord is filed. Dated Dated Signafire of a member or aphorized representative of a member				
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Signature of a member or authorized representative of a member		full (
	-	Signature of a member or authorized representative of a member		

Filing Fee: \$25.00