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COVER LETTER

TO: Registration Section Division of Corporations	4
SUBJECT: VI/SAINT E Name of Lim	Enterprises LLC.
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
LONGWIS VILSAINT Name of Person	
VILSAINT Enterprises	LLC.
2011 LORI LANE W Address	
LAKeland F1 338C City/State and Zip Code	0/
LONGWIS VIISAINT @ C E-mail address: (to be used for future annual repor	SMAIL-COM
For further information concerning this matter, please ca	all:
LONGWIS VISAINT at (718 <u>406 - 3305</u> Area Code & Daytime Telephone Number
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
Enclosed is a check for the following amount	:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLE	5 OF ORGANIZATIO	77	
	OF	NO TO	
V (1)		1 0 m	
VIISAINT E	ENTER PRISES lity Company as it now appears on da Limited Liability Company)	LLC RET	
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on da Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability	Company were filed on \underline{U}	and assigned	
Florida document number <u>L1900019837</u>	<u> 18</u> .	,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:	•	
The new name must be distinguishable and contain the words "Li			
Enter new principal offices address, if applicable:	601 No.	oth Ashley Dr.	
(Principal office address MUST BE A STREET ADD	RESSI Suite 11	00 - 3008	
	TAMPA,	rth Ashley Dr. 00-3008 Fl 33602	
Enter new mailing address, if applicable:	601 No.	Mr. Ashley Dr. 00-3008 Fl 33602	
(Mailing address MAY BE A POST OFFICE BOX)	Srite 11	00 - 3008	
	TAMPA,	F1 33602	
B. If amending the registered agent and/or register		ds, enter the name of the new registere	
agent and/or the new registered office address here	, '		
	1011011	dea T So	
Name of New Registered Agent:	LONGWIS VI	ISAINI W.	
New Registered Office Address:	2011 LORI L	v W	
	Enter Florida street address		
	LAKELANI	Florida 33801	
	City		
New Registered Agent's Signature, if changing Register	ed 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, 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
			□Add
			□Remove
		MA	□Add
		□Remove	
			
		-	□Add
			□Remove
			□Change
			□Remove
		□Remove	
		Change	
		□Add	
		Remove	
			□ Change

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an effecti lote: If t	date, if other than the date of filing:
record sp l is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	08/07 2020
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	Signature of a member or authorized representative of a member
	LONGWIS VILSAINT Typed or printed name of signee