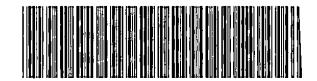
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COVER LETTER

Registration Section Division of Corporations

TO:

	VN NOW, LLC.			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	Valerie M. Hassan, Esq.			
		Name of Person		
	VPP Law Firm			
		Firm/Company		σ. <u>≃</u>
	782 NW 42nd Ave., Suite	332	IVI	ECRET
		Address	À	
	Miami, FL 33126		<u>.</u>	2
	tiw4352@aol.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report noti	fication)	
For further information of	concerning this matter, please c	all:		
Guillermo Suarez		786 295-3169		
Name o	f Person		e 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 Sta Certified Copy (additional copy is e	atus &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Second Division of Core The Centre of Tallahassee, FL	porations allahassee e Street, Suite 810	

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

ROSELAWN NOW, 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 Liability Company were filed on 12/16/2019 and assigned

Florida document number L19000304964	my were fried on	and assigned
Fiorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		200
	·	2 KDY 28 TANLLAS
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		City City
		i, i ö
		70
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records,	enter the name of the new registe
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	_	
_ - _	Enter Florida 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 to 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
MGR	Bryan Suarez	4710 NW 37th ave	
	•	Miami, FL 33142	■Remove
			Change
			□Add
			□Remove
			Change 22 NO Y 28
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Filing Fee: \$25.00