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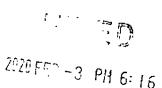
TO:

Registration Section

Division of Corp	orations		
SUBJECT: VIVI	Maintence Name of Lim	Ance and reprinted Liability Company	aic LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Vilma	arie Pamos	>
		Firm/Company	
	1041 SW	Caro Ave	
	Port St	City/State and Zip Code	953
Ear further information co	E-mail address: () ncerning this matter, please ca	to be used for future annual report notifi	cation)
Name of		a(772 626	Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration So Division of Co P.O. Box 6327	ection orporations	Street Address: Registration Sec Division of Corp The Centre of Ta	porations
Tallahassee, F			Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



VIVI MAINTENANCE AND REPAIR LLC

VIVI MAINTENANCE A	AND REPAIR LLC	0 11 0: 11
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on (Liability Company)	pur records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L200000832</u> 3	were filed on	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:	
The new name must be distinguishable and contain the words "Limited Liabil	hity Company," the design:	ation "LLC" or the abbreviation "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)		
B. If amending the registered agent and/or registered office a	address on our record	ls, enter the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida street address		rect address -
		Florida
	Cuy	- Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete	performance of my c	city. I further agree to comply with th luties, and I am familiar with and ter 605, F.S. Or, if this document is

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
MGR	<u>Vilmarie Ramos</u>	1041 su Cairo Ave	[XAdd
		Port St lucie 72 34953	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
		-	□Remove
			□Change
			□Add
			□Remove
			□Change

_	Add EIN # 84-4307153
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(If an eff	ve date, if other than the date of filing:
he recor ord is fil	d 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 ed.
Dated	1/29/20 Vilmerie Ramo
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00