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(Re	questor's Name)	
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Amendicu

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COVER LETTER

Div	ision of Cor	porations					
SUBJECT?	LocalVIPS	ervices		,			
SUBJECT		Name of Lim	ited Liability Company				
The ample out	l A⇒ialaa a€	Amondment and Cortal and such	minut for film.				
		Amendment and fee(s) are sub	-				
Please return	all correspo	ondence concerning this matter	to the following:				
		Nelson Riascos					
			Name of Person				
		Local VIP Services					
			Firm/Company				
		1424 NE Miami Place. Apt 520					
			Address				
		Miami, Florida 33132					
		-	City/State and Zip Code				
		nriascosu@gmail.com					
		E-mail address: (to be used for future annual	report notificat	tion)		
For further in	iformation c	oncerning this matter, please c	all:				
Nelson Riaso	cos		305 79. at ()	85195			
	Name o	f Person	Area Code	Daytime Te	elephone Number		
Enclosed is a	check for th	ne following amount:					
□ \$25.00 F	îiling Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is enc		☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed		
	ling Addres		Street A				
-	gistration S	Section Corporations		ation Section of Corpor			
	Box 632	-		ntre of Tall			

Tallahassee, FL 32314

Registration Section

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LocalVIPServices

1000 mg & (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 $\frac{01/10/2020}{1}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registe agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 ι 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.

City

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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Nelson Riascos	1424 NE Miami Place. Apt 520 Miami FL 33132	= Add
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			Change

Page 2 of 3

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If an effective date is li Note: If the date in	other than the date of filing:
ne record specif The 90th day	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier after the record is filed.
Dated April 20	. 2020
	Signature of a member or authorized representative of a member
Nelson F	ı
· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00