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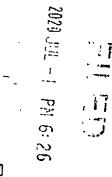
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(I	Business Entity Name)		
(Document Number)			
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AUG 1 4 2020 S. YOUNG

COVER LETTER

Registration Section Division of Corporations

TO:

VICMAR 5 SUBJECT:	66 LLC			
SOBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	PETER M. LOPEZ, ESQ.			
		Name of Person		
	PETER M. LOPEZ, P.A.			
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	1911 NW 150 AVENUE.	SUITE 201		
		Address		
	PEMBROKE PINES, FL.	33028		
		City/State and Zip Code		
	PMLOPEZPA@YAHOO.C			
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
PETER M. LOPEZ, ESQ		954 436-6111 at ()		
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S	Section	Street Address: Registration Se		
Division of C	•		Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 Tallahassee FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VICMAR 56 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 February 3, 2020 Florida document number 1.20000040048 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 "LLC." 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 registered 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 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
MGR	Maria L. Marques de Oliveira	1911 NW 150 AVENUE, SUITE 201	□Add
		Pembroke Pines, FL 33028	=Remove
MGR	Maria L. Marquez de Flores	1911 NW 150 AVENUE, SUITE 201	≣ Add
		Pembroke Pines, FL 33208	□Remove
			□Change
MGR	Diego A. Flores Marquez	1911 NW 150 AVENUE, SUITE 201	\ Add
		Pembroke Pines, F1, 33028	□Remove
			□Change
<u>.</u>			[]Add
			□Remove
			□Change
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ffective date, if other	than the date of fili	ing:	(op	t ional) er filing.) Pursuant to 605.0207 (
	l in this block does not	t meet the applicable statu		nis date will not be listed as t
record specifies a delayed is filed.	ed effective date, but n	ot an effective time, at 12	:01 a.m. on the earlier of:	(b) The 90th day after the
	_	2020		
June 30,		. ^		
ated June 30.	\bigcap	· //		
ated June 30.	0/1/11/	amanter or authorized rep		

Filing Fee: \$25.00

Typed or printed name of signee