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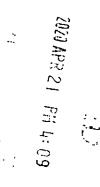
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COVER LETTER

TO:	Registration S Division of Co			
SUBJEC		VERS LLC		
		Name of Lin	nited Liability Company	
The encl	osed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correst	condence concerning this matter	to the following:	
		RONILDO E DA SILVA		
			Name of Person	·····
			Firm/Company	
		3163 EDEN MILLS DR		
			Address	
		SARASOTA, FL 34237		
		yani.allicdservices@gmail.		
			to be used for future annual report noti	fication)
For furth	er information	concerning this matter, please c	all:	
Yani Da	Silva		941 539-7079 at ()	
	Name	of Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for	the following amount:		
■ \$25.0	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 Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3163 EDEN-MILLS-DR- RON PAV	ies LLC. 2020 A!	PR 21 PM 4:09
	pany as it now appears on our records d Liability Company)	<u> </u>
(A Florida Lilline	a Liability Company)	;. ;?!
The Articles of Organization for this Limited Liability Compar	ny were filed on 04/06/2020	and assigned
Florida document number L20000097511		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	e address on our records, <u>enter t</u>	he 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	
		••
	, Flor	rida 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 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 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 2020 ADD C	Type of Action
MGR	RONILDO E DA SILVA	2020 APR 21 PH 4: 09 3163 EDEN MILLS DRSARASOTA, FL 34237	
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an effective date is listed, the date n	late of filing:(opti	r filing.) Pu	arsuant to 605.0207 (
ocument's effective date on the	or does not meet the applicable statutory filing requirements, this	s date wil	il not be listed as t
record specifies a delayed effec	date, but not an effective time, at 12:01 a.m. on the earlier of: (t) The 9	Oth day after the
l is filed.			
	2020		
April 17			
ated April 17	 ,		
ated April 17 Rouls	ignature of a member or authorized representative of a member		