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(Ke	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Amend

MAY 1 2 2020 I ALBRITTON

COVER LETTER

10:	Registration Section Division of Corporations	:	•	
SUBJE	ст:(NG VIK	ZAL L L Liability Company	
The enc	losed Articles of Amendme	ent and fee(s) are submit	ed for filing.	
Please r	eturn all correspondence co	ncerning this matter to t	he following:	
		KALI	Name of Person	ARRIS
		CLOINC	Firm/Company	
		2920 N	W56 AVE	- APT 102
		Lauderhi	II FL 3	3313
		MAVVS K	city/State and Zip Code	1000, Com
For furt	her information concerning	HAVISKA this matter, please call:	LEBOICIOUD.	Com
K	Name of Person	HAMIS	at (313) 68 Area Code Day	3 - 1166 ctime Telephone Number
Enclose	d is a check for the following	ng amount:		
1 ⊒.\$25		.00 Filing Fee & rtificate 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee. FL 32314

Street Address: 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

(101Ng	VIRALLLC
(Name of the Limited Liability (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)
Florida document number 85 - 077 - 1088	8. L20000098937
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited 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 ADDR	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	9
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new registered
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 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>	Name	Address	Type of Action
LET .	DANTE HARRIS DANTE HARRIS HODVIZED MEMBER	1920 NW 56 DAVE Apt 102 Lauderhill, Fl	□Add
A MDM AL	DANTE HAMS	Apt 102 Lauderhill, Fl	DRemove
		33313	□Change
			🗖 Add
			Remove
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If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
e recor rd is fi	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 led.
Dated	
	1/1/1/
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00