12000014H075

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: The Customer gave me permission to Check the \$25,00 filing fee. A Butter 5/11/22.
Wrang form

Office Use Only



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A. BUTLER
MAY 1 1 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 0 - Vig al LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Athanasios Touris
D-Vigal LLC Firm/Company
4/29 10 th Ave N Address
SAINT PETERSBURG FL 33713 City/State and Zip Code
Athanasios Do-Viand.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Athanasios Touris at 914, 8197179 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S \$30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, Fl. 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF 2022 APR 21 PH 4: 18

	SECOCHIC
(<u>Name of the Limited Liability Co</u> (A Florida Limi	SECRETATY OF STATE mpany as it now appears of the fector of SEE, File ted Liability Company)
	pany were filed on 5.27-2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
The new name must be distinguishable and contain the words "Limited L	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	5)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new registere</u>
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

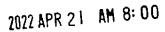
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

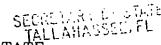
MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
) nather	Adam Schuman	3036 IRARd	□Add
		3036 IRARD Ballmore, N-1 11710	Remove
			□Change
			🗆 Add
			□Remove
			□ Change
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Note:	ce date, if other than the date of filing:
ace arm	in selective date on the Department of State a records.
e record id is fil	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	Appe: 3, 2022 Signature of a member of authorized representative of a member
	atta I com
	Signature of a member or authorized representative of a member

RECEIVED





SECREMAN LANGUE TATE

TALLAMASSEC, FL

Division of Corporations

April 4, 2022

ANTHANASIOS TOURIS 4129 10TH AVE NORTH ST. PETERSBURG, FL 33713

SUBJECT: D-VIRAL LLC Ref. Number: L20000144075

We have received your document for D-VIRAL LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CERTIFICATE OF LIMITED PARTNERSHIP, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 622A00007728