120000144075

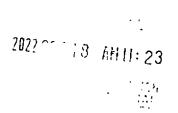
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	leceived 101/8/22 Sig

Office Use Only



07/15/22--01021--012 **25.00





October 9, 2022

ATHANASIO TOURIS 4129 10TH AVE N ST. PETERSBURG, FL 33713 US

SUBJECT: D-VIRAL LLC Ref. Number: L20000144075

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

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6052.

Summer Chatham Regulatory Specialist II

Letter Number: 422A00022539

COVER LETTER

ŢO:

Registration Section

Div	ision of Cor	porations		
CHO IDOT	D-Viral LL	С	. •	
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Athanasios Touris		
			Name of Person	
		D-Viral LLC		
		A00_0	Firm/Company	
		4129 10th Ave N		91V 22
			Address	DIVISIÓN 22 OCT
		St Petersburg, FL 33713		8 1
			City/State and Zip Code	
		athanasios@d-viral.com		fication) ここでは、 が に ここでは、 こにでは、 こにではいいにでは、 こにではいいにではいいにではいいにではいいにではいいにではいいにではいいにではい
For further in	nformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	fication) Cn = 1
Athanasios 7			914 819 7179	
	Name o	f Person	at () Area Code Daytin	e Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	iling 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)
Reg	iling Addres	Section	Street Address: Registration Se	
	vision of C D. Box 632	orporations 7	Division of Cor The Centre of T	
	llahassee, I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L20000144075	ompany 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 limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4129 10th ave N	
Principal office address MUST BE A STREET ADDR	ESS) St Petersburg, FL 33713	(4) SON
		8 7 7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1: 52 52 648
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:	otiva LLC / Athan	145ics Touris
New Registered Office Address: 41	Enter Florida street address	
<u>St</u>	Petersburg, Florida	33713 Zip Code

New Registered Agent's Signature, if changing Registered Agent:

D- Viral LLC

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
Partner	Adam Schuman	3036 Ira RD	
		Bellmore,NY 1710	■Remove
			Change
Partner	John Collera	12138 Cromwell Way	□Add
		Spring Hill, FL 34609	■Remove
			☐Change
Partner	Athanasios Touris	4129 10th Ave N	□Change 22 Odd C
		St Petersburg, FL 33713	Remove
		<u> </u>	E Change
Partner	Butiva LLC	4129 10th ave North	≣Add
		St Petersburg, FL 33713	□Remove
			□Change
			□Add
			Remove
			Change
<u> </u>			□Add
			□Change

Christopher Mantuano i	ow has 50% ownership	
Butiva LLC now has 50	% ownership	
	•	
		000
		8
		<u> </u>
		- 13
e: If the date inserted in the ument's effective date on the continuation of the conti	the date of filing: e must be specific and cannot be prior to date of filing or not be block does not meet the applicable statutory filing the Department of State's records.	ng requirements, this date will not be listed
filed.	ective date, but not an effective time, at 12:01 a.m.	on the earner or, (b) The 90th day after
ed June 21,	2022	

Filing Fee: \$25.00