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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

	Registration Se Division of Cor					
SUBJEC	Violet Test	on LLC				
SUBJEC	,1:	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		Joe M. Teston				
			Name of Person			
			Firm/Company			
		9720 N Armenia Avenue S				
			Address			
		Tampa, FL 33612				
			City/State and Zip Code			
		info@jocteston.com	to be used for future annual report notif	fication)		
For furth	er information c	oncerning this matter, please ca	·			
Joe M. T	eston		813 440-2277			
	Name o	f Person	Area Code Daytime	e Telephone Number		
Enclosed	is a check for th	ne following amount:				
宣 \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fil Certificate Certified (additional c	e of Stat Copy	us &
	Mailing Addres		Street Address:	- . :	e Fan	
	Registration S Division of C		Registration Sec Division of Cor		•	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Violet Teston LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records Limited Liability Company)	2)
The Articles of Organization for this Limited Liability Co Florida document number L20000163899	ompany were filed on 06/15/2020	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limit	ed 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 ADDRE	<u></u>	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:	-	
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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>	<u>Name</u>	Address	Type of Action
MGR	Joe M. Teston	9720 N. Armenia Ave, Suite J Tampa, FL 33612	= Add
			□Remove
			□ Change
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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and ea is block does not med be Department of Sta	annot be prior to date of et the applicable statu te's records.	tory filing requireme	ents, this date will	not be listed as
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