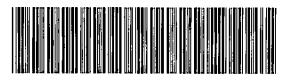
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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	a Rosa i	16.		
3003EC1	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Patricia Via Ro	Zammatav Name of Person	O	
	<u> </u>	Firm/Company		
	0584 D	EVON Cart		
Ţ	Delray P	City/State and Zip Code	3445	
	E-mail address: (Zamma Com to be used for future annual report notifi	ocast vet	
For further information c	oncerning this matter, please ca	all:	Cation) TALLAH	a 🕽
Patricia Name o	Zammataro FPerson	at (50) 719 - Area Code Daytime	Telephone Number 7.	10 2 1 3 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enclosed is a check for the	ne following amount:			
☑ \$25.00 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 Address Registration S Division of C	Section forporations	Street Address: Registration Sec Division of Corp	orations	
P.O. Box 632	. /	The Centre of Ta	illahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIA KOSA, LL				
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on c ted Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 2000 164938</u>	any were filed on	15/2000_	_ and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company here:			
The new name must be distinguishable and contain the words "Limited Li	iability Company," the design:	ation "LLC" or the abbre	viation "L.L.	C."
Enter new principal offices address, if applicable:			. <u>~</u>	
(Principal office address MUST BE A STREET ADDRESS)	2	ĪΑ)20 s	1
•				ને હું • • •
			25	. 20
Enter new mailing address, if applicable:		÷.	· 구	
(Mailing address MAY BE A POST OFFICE BOX)		Ţ.	=======================================	
			<u> </u>	
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our record	ds, <u>enter the name o</u>	f the new i	<u>registerec</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida su	reet 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>	<u>Name</u>	Address	Type of Action
<u>mgR</u>	Christine ZazziRa	1056/Timber Lane Boca Rotow, FL.334	
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fective date, if other than the date of filing: (optional) in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207				tatutory ming requi	rements, this di	ate will no	t be liste	ou as
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Filing Fee: \$25.00