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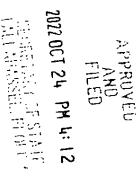
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COVER LETTER

Division of Corporations				
SUBJECT: Vielix Investments 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:				
Brenda Viera Name of Person				
4820 Pembroke RD				
Hollywood FL 33021				
Calbrend (to be used for future annual report notification)				
E-mail address. (to be used for future annual report notification) For further information concerning this matter, please call:				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
□ \$25.00 Filing Fee Certificate of Status □ \$30.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certificate of Status □ \$60.00 Filing Fee Cert				
Mailing Address: Street Address:				

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

VIELIX Investmen	ts LC
(<u>Name of the Limited Liability Comp</u> i (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\begin{align*} \begi	were filed on 6/25/2020: End assigned
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	4820 Pembroke RD Hollywood Fl 33021
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4820 fembroke RD Hollywood FL 33021
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	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>	<u>Name</u>	Address	Type of Action
MER	Francisco Viera	4906 Pembroke RD	🗆 Add
		Hollywood FL 33021	
			□Change
MGR	Roger calix	4820 Rembroke RD	
		Hollywood PL 33021	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Effec If an c :	tive date, if other than the date of filing: (optional) ffective 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 (
HOLE.	If the date inserted in this block does not meet the applicable startfory filing requirements, this date will not be listed as t
docui	ment's effective date on the Department of State's records.
e reco rd is f	ord 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 filed.
Dated	October 18 2022
	October 18, 2027.
	Signature of a member or authorized representative of a member
	Read Ir ass
	Brence Viera Typed or printed name of signee

Filing Fee: \$25.00