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COVER LETTER

TO: Registration Solution of Col				
KEEP CAI	LM VIP LLC)	ø	
SUBJECT:	Name of Lin	ited Liability Company	1	
The englosed Articles of	Amendment and fee(s) are sub	amitted for filing		
	ondence concerning this matter			
	MEYER, CRISTIAN A			
	-	Name of Person		
	KEEP CALM VIP LLC			
	<u> </u>	Firm/Company		
	13590 SW 134TH AVE#1	14		
		Address		
	MIAMI, FL 33186			
	-	City/State and Zip Code		
	christian@keepcalmvip.cor		.1,	
For further information	r-mail address: (concerning this matter, please c	to be used for future annual report not all;	incation)	
MEYER, CRISTIAN A		305 600-9900		
	of Person	at () Area Code Daytir	ne Telephone Number	
		ŕ	·	
Enclosed is a check for t	the 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 Addre		Street Address: Registration Se	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 633		The Centre of		
Tallahassee,	1 L 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	, Florida Zip Code
New Registered Office Address:	Enter Florida street	address
Name of New Registered Agent:		
N. CN. D. L. J.A.		
gent and/or the new registered office address h		0
. If amending the registered agent and/or regi	istered office address on our records,	enter the name of the new regist
	-	_ P
ridining dudress MAI DE ATOST OFFICE BO		
Mailing address MAY BE <u>A POST OFFICE BO</u>	<u></u>	27
nter new mailing address, if applicable:		· - : :
		21,
		72
Principal office address MUST BE A STREET A	ADDRESS)	
nter new principal offices address, if applicable		<u>-</u> .
he new name must be distinguishable and contain the word	is "Limited Liability Company," the designation	i "LLC" or the appreviation "L.L.C.
EEP CALM TRUST LLC	Var a na tra	MILEON TO THE COMMENT OF THE COMMENT
If amending name, <u>enter the new name of th</u>	ne limited liability company here:	
his amendment is submitted to amend the following	_	
lorida document number L20000260919		
he Articles of Organization for this Limited Liabi	ility Company were filed on 8/24/2020	and assigned
(A	Florida Limited Liability Company)	
(Name of the Limited !	Liability Company as it now appears on our Florida Limited Liability Company)	records.)

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 = M $AMBR = A$	1anager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Петюче
			□Change
			Remove
			☐ Change
			□Add
			□Remove
			Change
			□Remove
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ective date	if other than the date of	filing:		(optional)	
reffective date	is listed, the date must be speci	fic and cannot be prio	r to date of filing or mo	re than 90 days after filing.) Pi	irsuant to 605.020
te: If the date	e inserted in this block does ctive date on the Departmer	it of State's records	cable statutory filing	requirements, this date wit	i not be usted a
	s a delayed effective date, b	ut not an effective (ime, at 12:01 a.m. or	n the earlier of: (b) The 9	0th day after th
is filed.				<i>^</i>	
tad	January 25	2021			
.cu	January 25	·	-· // //		
			(: 01)	Ma.	
			orized representative	Z	

Filing Fee: \$25.00

Typed or printed name of signee