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Division of Corporations



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T. LEMIEUX

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIPERSO, LLC						
(Name of the Limits	d Liability Company A Florida Limited Lia	as it now appears on our bility Company)	Lecoudy)			
The Articles of Organization for this Limited Lie Florida document number L20000307601	ability Company w	ere filed on 10/08/2020		and ass	igned	
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the finited liabili	ty company here:				
The new name must be distinguishable and contain the we	ords "Limited Liability	Company," the designation	"LLC" or the	abhreviation "L.	L.C "	_
Enter new principal offices address, if applica	ible:					-
(Principal office address MUST BE A STREET	TADDRESS)					
				<del> </del>		
Enter new mailing address, if applicable:			<del></del>			
(Mailing address MAY BE A POST OFFICE B	<u>80X</u> 0			<u></u>		-
				<i>y</i> .	<b>-</b>	
					2	d
B. If amending the registered agent and/or reagent and/or the new registered office address		aresi on our records,	enter the m	z.	70 70	-T3
Name of New Registered Agent:	<del>-</del>	JAL REPORTING SERV	ICES INC.	NSSEE	-6 5	<b>UBAN</b>
Name of New Registrico Agein.	2200 (200 A L 11/4	. 37		73.0	<u> </u>	
New Registered Office Address:	2300 CORAL W/	Enter Florida street	address	= = = = = = = = = = = = = = = = = = = =	<u>5</u>	<del>-</del>
	MIAMI		, Florida :	33145 EF	5	
		Cin	, Florida j	Zip Code		-
New Registered Agent's Signature, if changing R	egistered Agept:					
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete po tered agent as pro egistered office ac	erformance of my duti Wided for in Chapter	es, and I an 605, F.S. C	n familiar wit Pr, if this docu	h and ment i	

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

Title	Name	Address	Type of Action
-			□Add
			□Remove
			Grange
			☐Remove
			□ Change
			□Aéd
			☐ Remove
			C.Change
			CAdd
			□ Remove
			C] Add
			O Reтrove
			☐ Change
			□Remove
			□ Change

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D. If amending any other inf	formation, enter change(s) here: (Attach additional sheets, if necessary.)	
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the start supplies and the start to the star		_ <del></del>
	,	<del></del>
		<del></del>
Note: If the date inserted in t	the date of filing:  (optional)  the must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant this block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	to 605,0207 (3)(b) is listed as the
If the record specifies a delayed errecord is filed.	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	y after the
Dated 03/29	, 2022	
Pisa	MENES - Signature of a member or authorized representative of a member	<del></del>
RAISA V. MENE	·	
	Typed or printed name of signee	<del></del>