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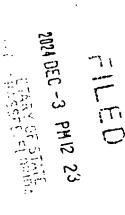
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COVER LETTER

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cup ir ca		ffice of Alejandro I. Velez, PL	LC.	
SUBJECT	·	Name of Lin	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Alejandro I. Velez, Esq.		
			Name of Person	· · · · · ·
		The Law Office of Alejan	dro I. Velez, PLLC.	
			Firm/Company	
		8750 NW 36th Street Suite	e 250	
			Address	
		Miami, Florida 33178		
			City/State and Zip Code	
		alex@vialawyers.com		
For further	information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	otification)
	I. Velez, Esq.		305 425-1565	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is	s a check for th	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)
R	ailing Addres egistration Sivision of C	Section	<u>Street Address:</u> Registration S Division of Co	
	O. Box 632	•	The Centre of	
T	allahassee, I	FL 32314	2415 N. Monr	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

= 1LED PH12 23

The Law Office of Alejandro I. Velez, PLLC.

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	mpany were filed on 11/24/2020	and assigned
Florida document number L20000371341		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
VIA Lawyers, PLLC.		
The 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	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered	office address on our records, <u>er</u>	ter the name of the new registere
agent and/or the new registered office address here:		
New CNI Port of Access		
Name of New Registered Agent:		•
New Registered Office Address:		
	Enter Florida street aa	ldress
		, 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 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
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
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fan eff	ive date, if other than the date of filing:
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locum	d 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 led. December 2nd 2024