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COVER LETTER

TO: Registration Sec Division of Corp	tion orations		,	
Veceur LLC		•		
SUBJECT:	Name of Limite	ed Liability Company		
The enclosed Articles of /	Amendment and fee(s) are subm	nitted for filing		
	ndence concerning this matter to			
	Laura Jayne Hanna			
		Name of Person		
	Veceur LLC		_	
Firm Company				
	3669 Poinciana Avenue, Apt 3A			
Address				
	Miami, FL 33133			
		City/State and Zip Code		
	laura@veceur.com		ust that (an)	
		o be used for future annual report	mmranony	
For further information of	concerning this matter, please co			
Laura Jayne Hanna		+1 6469634 at ()	 _	
Name (nf Person	Area Code Da	ytime Telephone Number	
Enclosed is a check for t	he 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 Registration	Section	Street Addres Registration Division of	Section Corporations	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
Tallahassee, FL 32314		2415 is, withing street, same 616		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appears on our records) (A Florida Lamited Liability Company) and assigned orida document number L21000043833 his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL C." inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: Section 1.5	Veceur LLC	it now appears on our records.)	
orida document number L21000043833 This amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL C" on the new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida atreet address Florida City Zip Code	(Name of the Limited Liability Comp (A Florida Limited	Thiability Company)	
is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: In amending name, enter the new name of the limited liability company," the designation "L.C." or the abbreviation "L.L.C." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent:	: Articles of Organization for this Limited Liability Compan	ny were filed on January 22, 2021	and assigned
If amending name, enter the new name of the limited liability company here: c new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.I.C" or the abbreviation "L.I. C." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent:	rida document number 122100000000		
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3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code	nter new mailing address, if applicable:		
8. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code	<u> Iailing address MAY BE A POST OFFICE BON)</u>		
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New Registered Office Address: Enter Florida street address Florida City Zip Code	ent and/or the new registered office address here.		267
New Registered Office Address: Enter Florida street address Florida City Zip Code			
New Registered Office Address: Enter Florida street address	Name of New Registered Agent:		
City Code	New Registered Office Address:	the state of the s	
City Florida, Florida		Enter Piorial Sirect data CSS	<u></u>
CC C	_	City	210 Code

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
AMBR	Laura Jayne Hanna	3669 Poinciana Avenue, Apt 3A, Miami, 11, 33133	□Add
			Remove
			□Remove
			Change
			□Add
			□Remove
			□Change
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			□Change
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			🗆 Add
			□Remove

D. If amending any other information, enter change(s) here: (Auach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated Februray 22nd 2021 her or authorized representative of a member Laura Jayne Hanna Typed or printed name of signer