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Certified Copies	Certificates of	Status
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Special Instructions to f	Filing Officer:	

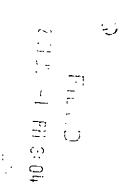
Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

SURJECT: VVA)	notea IIC			
Jobabet	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
Division of Corporations SUBJECT:				
	BIECT:			
	10xa33 Park	Mandonsbrook	· Dr	
		Address	<u> </u>	
	Bivenien	JFL 33578		<u>. </u>
		City/State and Zip Code	,	
	Eshail address: (who used for future annual r	report notification)	
For further information con	cerning this matter, please ca	all;		
lessica	hine	ar (813)	387-6955	
Name of F	Person			
	_	_		
∑ \$25.00 Filing Fee	-	Certified Copy		Certificate of Status & Certified Copy
		_		ons
P.O. Box 6327	i porations		itre of Tallaha	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Via Lactea	<u>LLC</u>
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on
Florida document number <u>L21000053641</u>	<u> </u>
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 gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Limi	nited 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 ADDR	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	ompany were filed on
	, 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>	Name	Address	Type of Action
AMBB	Empyreon Endeausos. Inc	10633 Park Meadasbrooke Or	\dd
		Riverview, FL. 33578	□Remove
MGB Jessica Jaime	Jessica Jaime	10633 Park Meadowbrowne Dr	□Add
		Riverview, FL, 33578	□Remove
			\Change
			🗆 Add
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			□ Change

Effective date, if other than the date of filing: [Optional] If an effective 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 60 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. 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 disfiled. Dated Signature of a symbols of authorized representative of a member	-
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