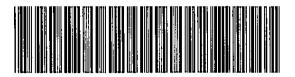
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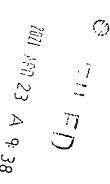
| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Na | me) |
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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: | Registration Section Division of Corpo | | | | |
|-----------|--|--|---|---|--|
| SUBJE | CCT: | Polished P | SY VIVI LLC hited Liability Company | | |
| The end | closed Articles of Ar | mendment and fee(s) are sub | mitted for filing. | | |
| Please : | return all correspond | lence concerning this matter | to the following: | | |
| | | Vivia | n Maddor Name of Person | rado | _ |
| | | Polish | ed By Vi | vi | _ |
| | | <u>400 Ct</u> | nurch Stra | zet Ste. 11 | DA |
| | | Kiss | Si Mmel City/State and Zip Code | FL 3474 | <u>+</u> 1 |
| | | | impression to be used for future annual re | | <u>com</u> |
| For furt | her information cond | cerning this matter, please ca | all: | | |
| <u>Vi</u> | lian Mane of Po | <u>Udonado</u> | at (407) | 185 · 7653 Daytime Telephone Number | er |
| Enclose | ed is a check for the f | following amount: | | | |
| □ \$25 | 5.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclo | Certific Osed) Certifie | eate of Status & d Copy al copy is enclosed) |
| | Mailing Address: Registration Sec Division of Corp P.O. Box 6327 Tallahassec, FL | porations | Division The Cent 2415 N. | dress: tion Section of Corporations tre of Tallahassee Monroe Street, Suite see, FL 32303 | 777 77D 810 88 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compar (A Florida Limited L | y as it now appears on our records.) |
|---|---|
| (A Flonda Limited L | lability Company) |
| The Articles of Organization for this Limited Liability Company | were filed on $02/03/202$ and assigned |
| Florida document number <u>L2100059345</u> | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | lity company here: |
| | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 400 Church Street |
| (Principal office address MUST BE A STREET ADDRESS) | Suite 110A |
| | <u>Vissimmee, FL. 3474</u> |
| Enter new mailing address, if applicable: | 400 Church Street |
| (Mailing address MAY BE A POST OFFICE BOX) | Suite IDA |
| | Kissimmee, FL 34741 |
| B. If amending the registered agent and/or registered office ac | idress on our records, enter the name of the new registered |
| agent and/or the new registered office address here: | <u> </u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| New Registered Office Address. | Enter Florida street address |
| | Florida |
| | City Florida Zip Confe |
| New Registered Agent's Signature, if changing Registered Agent: | |
| I hereby accept the appointment as registered agent and agree | e 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 fability

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 Maldamada | Address 400 Church Street Stellof | pe of Action |
|--------------|--|---|---------------|
| MGR | Name Vivian Maldorado Polished By Vivi LLC | 400 Church Street Stellor | */ |
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| ote: if the date insent | er than the date of fit, the date must be specific ed in this block does not on the Department of | of meet the applical | o date of filing or more ble statutory filing ro | (optional) than 90 days after filing equirements, this date | .) Pursuant to 605.020 will not be listed as |
| record specifies a delay | yed effective date, but | not an effective tin | ne, at 12:01 a.m. on t | he earlier of: (b) Th | ne 90th day after the |
| is theu. | | | | | D |
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Filing Fee: \$25.00