L21000105697

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SECRETARY OF STATE

A. RIVERS

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations WILMER VILLANUEVA, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: WILMER VILLANUEVA Name of Person WILMER VILLANUEVA, LLC Firm/Company 11264 SW 236 St Address Homestead, FL 33032 City/State and Zip Code WILMERIVF@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: WILMER VILLANUEVA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25,00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fec, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILMER VILLANUEVA, LLC					
(Name of the Limited Liability Cor (A Florida Limi	mpany as it now appears on our records.) led Liability Company)				
he Articles of Organization for this Limited Liability Comparison document number 1.21000105697	any were filed on 03/04/2021	and assigned			
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited I	iability company here:				
VELC SERVICES, LLC					
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or t	he abbreviation "L.L.C."			
iter new principal offices address, if applicable: 600 NE 22 Terr Suite 312 Homestead, FL 330333					
Principal office address MUST BE A STREET ADDRESS	<u> </u>				
inter new mailing address, if applicable:	600 NE 22 Terr Suite 312 Homestead, FL 330333				
Mailing address MAY BE A POST OFFICE BOX)		··			
. If amending the registered agent and/or registered office	an address on our respects onto the	of the very veriet			
tramending the registered agent and/or registered office address here:	ce address on our records, <u>enter the s</u>	ALL SEC			
		>37 > 40000			
Name of New Registered Agent:		APR O			
New Registered Office Address:					
	Enter Florida street address	FLORI			
	Florida	A			
	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>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			□Change
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ctive date, if other than effective date is listed, the date if the date inserted in thi ument's effective date on the	must be specific and s block does not n	I cannot be prior to neet the applica		more than 90 days		
ord specifies a delayed effe filed.	ctive date, but not	an effective tin	nc, at 12:01 a.m	on the earlier o	f; (b) The 90th	day after the
April 6th		2023				
~u		, 7 /	<u>7</u>			
		//	rized representativ			