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2021 OCT 26 AH II: 15 SECRETARY OF STATE

Office Use Only

COVER LETTER

ro:	Registration Section Division of Corporations				
SUBJE	CT:	VIVERIOR COUSTE	UCTION AND VENELOWSE ed Liability Company	MT Lle.	
			, ,		
The end	losed Articles of An	nendment and fee(s) are subn	nitted for filing.		
Please r	eturn all correspond	ence concerning this matter to	o the following:		
		Avet	HAMIRE Z		
			Name of Person Sv OF NULL ON Firm/Company	Anution & Development IL	
		HUE WAISTING	PINE WAY , OR AN	ou Fl, 32832	
		Odo	City/State and Zip Code Superior & Grail. The be used for future annual report notions.		
		ANGE 21 E-mail address: (u	Supérior & GMAIL. o be used for future annual report notif	COT .	
For fur	her information con-	cerning this matter, please ca	11:		
	ANGE (L	AMIREZ	at (207) 968 C	1454 e Telephone Number	
	Name of F	erson	Area Code Daysin	- recoprision / values	
Enclose	ed is a check for the	following amount:			
□ \$2:	5.00 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)	

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Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021.0CT 26 AM 11: 15 jability Company as it now appears on our records.)
lorida Limited Liability Company) TALL The Articles of Organization for this Limited Liability Company were filed on _04/20/2071 Florida document number _21000182438 This amendment is submitted to amend the following: A. 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 "L.L.C." Enter 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

, Florida

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	<u>Address</u>	Type of Action
MGR	LUIS MAKEOTO GARTSU RICU		
		Lifs WHISETAIL LUOP. APOPLA FLORINA 210: 32703	(\(\frac{1}{N}\)Remove
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ancoun,	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
*** * **	
If an effective on Note: If the	te, if other than the date of filing:
e record spected is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	(1)
Dated	October 20, 2021.
-	Signature of a member or authorized representative of a member
	ANGEL RAMIREZ.