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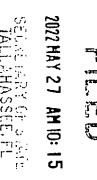
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COVER LETTER

то:	Registration Se Division of Cor			
CHD IL	CVV OF	FSHORE, LLC		
SOBJEC	CT:	Name of Lin	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	cturn all correspo	ondence concerning this matter	to the following:	
		TINA SMITH, ESQ.		
			Name of Person	···
		MERIDETH NAGEL, P.A	١.	
			Firm/Company	
		1201 W. HWY 50		
			Address	
		CLERMONT, FL 34711		
		_	City/State and Zip Code	
		VIOLETTE.COURTNEY@		
			to be used for future annual report notif	fication)
For furth	er information c	oncerning this matter, please c	all:	
Tina Sm	nith		352 394-7408	
	Name o	f Person		e Telephone Number
Enclosed	I is a check for th	ne following amount:		
≡ \$25.	.00 Filing Fee	S30.00 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 Addres Registration S		Street Address: Registration Sec	etion
	Division of C	Corporations	Division of Cor	porations
	P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monroe	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 MAY 27 AM 10: 15

CVV OFFSHORE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECHE MARY OF STATE TALEAHASSEE, FI

			THASSEE, FL
The Articles of Organization for this Limited Liabi	lity Company were filed on	5/27/2021	and assigned
Florida document number L21000249065	·		
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability company	here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," th	e designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:		***	
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>		
B. If amending the registered agent and/or regiagent and/or the new registered office address h		r records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter I	Florida street address	
		Flo	rida
-	City	, 1101	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>	Address	Type of Action
AMBR	COURTNEY S. VIOLETTE	6000 COOK ROAD	□Add
		CLERMONT, FL34711	□Remove
~ 			□Add
			□Remove
			□Change
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			□Change
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f an effective d	ate is listed, the date m date inserted in this	ust be specifi	c and canno	ot be prior to he applicab	date of filing of	or more than 90 iling requirer	days after fil	ing.) Pursu	ant to 60 ot be li	05.0207 sted as
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Dated	2/23				-					
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Typed or printed name of signee