

K21000256221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

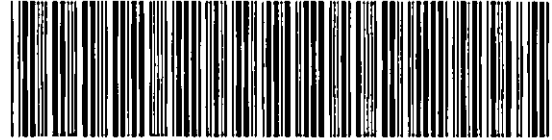
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000371772350

2011 AUG 23 PM 4:43

9/17/2011



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 2, 2021

JENNY COUNTZ  
5511 PARKCREST DR. STE 207  
AUSTIN, TX 78731

SUBJECT: VIXSARIA LLC  
Ref. Number: L21000256221

We have received your document for VIXSARIA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 221A00021268

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Vixaria LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/02/2021 and assigned Florida document number 1.21000256221

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:

11017 sw 7th st

**(Principal office address MUST BE A STREET ADDRESS)**

Miami, FL 33174

Enter new mailing address, if applicable:

11017 sw 7th st

**(Mailing address MAY BE A POST OFFICE BOX)**

Miami, FL 33174

**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*

\_\_\_\_\_, Florida

*City*

*Zip Code*

2:21 PM 6-28  
TII 11:13  
C

**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 Changing Registered Agent, Signature of New Registered Agent**

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>               | <u>Type of Action</u>                      |
|--------------|-----------------------------|------------------------------|--|
| MGRM         | Joanna Tina Crepin-Bernardo | 930 Northeast 23rd Court     | <input type="checkbox"/> Add               |
|              |                             | Pompano Beach, FL 33064-5520 | <input checked="" type="checkbox"/> Remove |
|              |                             |                              | <input type="checkbox"/> Change            |
| MGR          | Jose Larrasquito            | 11017 sw 7th st              | <input checked="" type="checkbox"/> Add    |
|              |                             | Miami, FL 33174              | <input type="checkbox"/> Remove            |
|              |                             |                              | <input type="checkbox"/> Change            |
| AMBR         | Jose Larrasquito            | 11017 sw 7th st              | <input checked="" type="checkbox"/> Add    |
|              |                             | Miami, FL 33174              | <input type="checkbox"/> Remove            |
|              |                             |                              | <input type="checkbox"/> Change            |
|              |                             |                              | <input type="checkbox"/> Add               |
|              |                             |                              | <input type="checkbox"/> Remove            |
|              |                             |                              | <input type="checkbox"/> Change            |
|              |                             |                              | <input type="checkbox"/> Add               |
|              |                             |                              | <input type="checkbox"/> Remove            |
|              |                             |                              | <input type="checkbox"/> Change            |
|              |                             |                              | <input type="checkbox"/> Add               |
|              |                             |                              | <input type="checkbox"/> Remove            |
|              |                             |                              | <input type="checkbox"/> Change            |

D. If attending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for entering information.

E. 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

if 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 the record is filed.

Dated August 16, 2021

/s/ Jose Larrasquito

Signature of a member or authorized representative of a member

Jose Larrasquito

Typed or printed name of signee