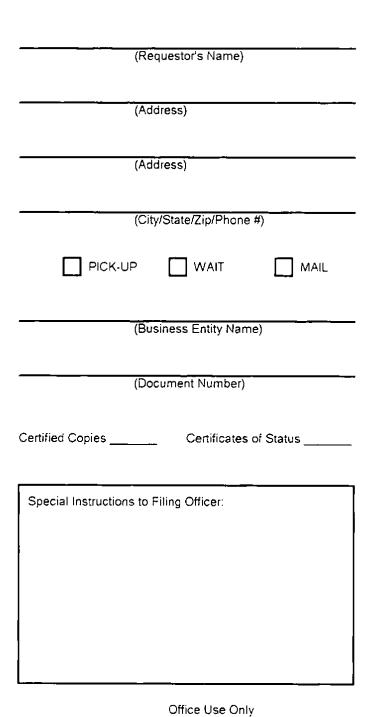
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COVER LETTER

TO:

TO: Registration Sect Division of Corpo			
SUBJECT: Vaero	ose Collection	(1)	
3010/LCT	Name of Limite	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Lone	Name of Person	
		Firm/Company	
		Bennett St Address	
	Han	es Cyfy A 2 City/State and Zip/Code	3844
	Vac(osec E-mail address: (to	be used for future annual report noti	fication)
For further information cor	ncerning this matter, please cal	l:	
Name of I	² crson	at ()	e Telephone Number
Enclosed is a check for the	following amount: A/reox	dy paid (money	order already cashed)
2 \$25,00 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)
Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	Street Address: Registration Se Division of Coa The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810
			KECEIVED

APR 12 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Jaerose</u> (Oleo Hon LLC Liability Company as it now appears on	our month \
(Name of the Limited	Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number 121003100		1 07 2021 and assigned
This amendment is submitted to amend the follow		
This affectation is submitted to affect the follow	omg.	
A. If amending name, enter the new name of t	he limited liability company here:	
The Vaerose	Experience UC	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	20.
		202
-		= -
Enter new mailing address, if applicable:		ू
. (Mailing address MAY BE A POST OFFICE BO	OX)	
		E. :
		
B. If amending the registered agent and/or regagent and/or the new registered office address		ds, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		. Florida
	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 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
- 			
			□ Remove
			Change
			□Remove
			☐ Change
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			☐ Change
			□Remove
			□Change

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່ໝ eff lote:	tive date, if other than the date of filing:
recoi l is fi	rd 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 iled.
ated	04/09/2024
	Signature of a member or authorized representative of a member
	Typed or printed name of signee