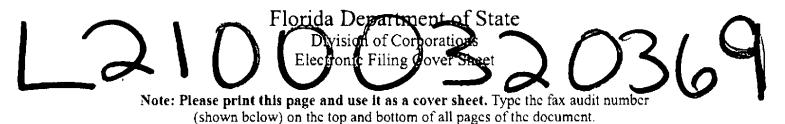
7/19/2021

Division of Corporations



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VYV INVESTMENT, LLC



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COVER LETTER

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TO: Registration S Division of Co				
VYV INV	ESTMENT, LLC			
30 b 0EC1:	Name of Lin	nited Liability Company		<u></u>
The enclosed Articles of	f Amendment and fee(s) are sul	hudana c. mi		
	ondence concerning this matter	-		
	3	to die totto wing.		
	Andres Hernandez, Esq.			
		Name of Person		2021 SEC
	Barbosa Legal			AREA ARAA
		Firm/Company		— 19 P
	407 Lincoln Road PH-NE			
		Address		PALLAHASSEE, FLOR
	Miami Beach, FL 33139			75 43
		City/State and Zip Code		
	gbarbosa@barbosalegal.com			<u></u>
For further information (sport notification)	
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Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cer osed) Cer	.00 Filing Fee, tificate of Status & tified Copy httonal copy is enclosed)
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Name of the state	gbarbosa@barbosalegal.com E-mail address: concerning this matter, please of Person the following amount: S30.00 Filing Fee & Certificate of Status Section Corporations	City/State and Zip Code (to be used for future annual resalt: at ()at () Area Code \$555.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Add Registrat Division	Daytime Telephone No. S60. Ceresed) Ceresed	umber OO Filling Fee, tificate of Status & tified Copy

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

(((H21000276095 3)))

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	VYV INVESTMENT, LLC		
Florida document number	(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
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 agent and/or 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	The Articles of Organization for this Limited Liability Co	ompany were filed on July 13, 2021	and assigned
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 agent and/or the new registered Agent: New Registered Office Address: Enter Florida street address Enter Florida	Florida document number L21000320369		
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 Enter Florida street address Lip Code	This amendment is submitted to amend the following:		
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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 Enter Florida	The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbrev	iation "L.L.C."
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Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida			
New Registered Office Address: Enter Florida street address	B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of	the new registered
Enter Florida street address , Florida City Zip Code	Name of New Registered Agent:		
City , Florida, Zip Code	New Registered Office Address:		
City Zip Code		Enter Florida street address	
bip Code			
		City	ip Code

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

(((H21000276095 3)))

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	Cesar Augusto Paniagua	Av. Benavides 1579, Ofc.101, Miraflores, Lima, Perú	_ 🖺 Add
			_ □Rémove
			_ Change
MGR	Oscar Martin Bravo Puccio	Av. Benavides 1579, Ofc.101, M:raflores, Lima, Perú	_ 🖺 Add
			_ 🗆 Remove
MGR			_ 🗆 Change
	Victor Alfredo A. Arce Mendoza	Av. Benavides 1579, Ofc.101, Miraflores, Lima, Perú	_ ≣ Add
			_ □Remove
			_ Change
MGR	Nicolás Alejandro Labanhe Zlatar	Av. Benavides 1579, Ofc.101, Miraflores, Lima, Perú	_ ■ Add
			_ □Remove
			_ Change
MGR	Alonso Bravo Arenas	Av. Benavides 1579, Ofc.101, Miraflores, Lima, Perú	_□Add
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Page 3 of 3

Typed or printed name of signee

Andres Hernandez, Esq. as Authorized Representative of the Members

Filing Fee: \$25.00