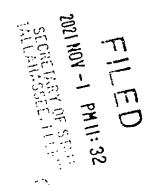
L21000329421

(Requestor	s Name)
(Address)	
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business E	Entity Name)
(Document	Number)
Certified Copies C	ertificates of Status
Special Instructions to Filing O J. HC DEC	fficer: DRNE - 1 2021
Offic	e Use Only



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FLORIDA DEPARTMENT OF STATE 2021 101 -1 PH 1: 11 Division of Corporations

September 8, 2021

MARIA LUISA REY CALDERON 4775 TRIBUTE TRAIL KISSIMMEE, FL 34746 US

SUBJECT: VIVELA 1203 LLC Ref. Number: L21000329421

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jasmine N Horne Regulatory Specialist II

- See downer attacked

Letter Number: 321A00021643

COVER LETTER

TO:	Registration Se Division of Cor		*.,	ą
end ic	VIVELA 12	03 LLC		
SUBJE	C1:	Name of Limi	ited Liability Company	•
The enc	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	return all correspo	ndence concerning this matter	to the following:	
		MARIA LUISA REY CAL	DERON	
		VIVELA 1203 LLC	Firm/Company	
		4775 TRIBUTE TRAIL		
			Address	
		KISSIMMEE FL, 34746		
		vivela1203@gmail.com	City/State and Zip Code	et notification)
For fuet	har information of	oncerning this matter, please co	·	(CHAIICANA)
	A LUISA REY C		57 315 64	9 8371
	Name of	Person	at () Area Code = D	aytime Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$25	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)

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

COVER LETTER

TO: Registration Section

Division of Cor	porations			
SUBJECT: VIVEL	A 1203 LLC			
	Name of Lin	nted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filling.		
Please return all correspo	indence concerning this matter	to the following:		
	MARIA LUISA I	REY CALDERON		
	flefe & o	Name of Person		
		Fum Company		
	4775 TRIBUTE			
Address				
	KISSIMMEE FL,	34746		
		City State and Zip Code		
	vivela1203@gm	iail.com to be used for future annual report notif	tination)	
For finither information o	oncerning this matter, please c	·		
	energing the matter product			
MARIA LUISA REY (at (57 , 31564983 Area Code Daytime	371	
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for th	ne following amount:			
₹ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy additional copy is enclosed:	☐ 560.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed:	
Mailing Addres		Street Address: Registration Sec	Sion	
Registration Section Division of Corporations		Division of Cor		
P.O. Box 632	7	The Centre of Tallahassee		
Tallahassee. l	FL 52514	2415 N. Monro Tallahassee, FL	e Street, Suite 810 - 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 NOV - 1 PM 11: 32

VIVELA 1203 LLC		20211101 3 11111
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) liability Company:	SECRETARY OF STATE TALL AHASSEE, FURN
The Articles of Organization for this Limited Liability Company	were filed on07-16-2021	and assigned
Florida document number <u>L21000329421</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L. L.C."
Enter new principal offices address, if applicable:	4775 TRIBUTE TRAIL KISSIMME	E FL, 34746
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		MMEE FL, 34746
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sirect addicess	
	Florid	da
Nam Desiranced Association and Statement Desirance Desirance	Cigr	Σψ Coαc
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
			ZAdd
			ZRemove
		□Add	
			Remove
			□Change
			TRemove
			TChange
			□Add
			ZRemove
			TChange
			DRemove
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			BRemove
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(li an effe Note:	ive date, if other than the date is listed, the date in If the date inserted in this tent's effective date on the	uist be specific and c block does not me	annot be prior to date of et the applicable stat	f filing or more than 9	(optional) 0 days after filing.) Pursi ments, this date will r	tant to 605.0207 (3 not be listed as th
he record ord is fil	d specifies a delayed effec led.	ive date, but not a	n effective time, at 1	201 a.m. on the ea	rlier of: (b) The 90tl	a day after the
Dated [OCTOBER 26		2021	feel Eng		
		Signature of a me	mber or authorized rep			