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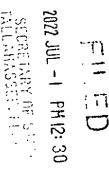
(Requestor's Name)
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COVER LETTER

TO:

	egistration Section Section of Corp			
	VF 22 Stree	t, LLC		
SUBJECT	r:		ited Liability Company	
The enclos	sed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Rene Vivo		
			Name of Person	
		VF 22 Street, LLC		
			Firm/Company	
		7545 West 24th Avenue, #	100	
			Address	
		Hialcah, FL 33016		
			City/State and Zip Code	
		info@vivogroup.net	to be used for future annual report no	tification)
For furthe	r information c	oncerning this matter, please ca		uncarion)
Rene Vivo	υ		305 817-8899	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	Mailing Addres Registration S		Street Address: Registration S	ection
	Division of C		Division of Co	orporations
	P.O. Box 632 Fallahassee, l		The Centre of	Tallahassee roe Street, Suite 810
	i alianassee, l	LL 24317	ZATO IN. MIOIII	or purcely parte tito

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUL - 1 PH 12: 30

SECRETION
OFTISE AHASSEE. TEXT

VF 22 Street, LLC

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

(11.10100 2011022 201	ioning company,		
The Articles of Organization for this Limited Liability Company w	vere filed on 08/24/2021	and assigned	
Florida document number L21000380168			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	v 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 ad agent and/or the new registered office address here:	dress on our records, <u>e</u>	nter the name of the new registe	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street 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	
provisions of all statutes relative to the proper and complete p	•		

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>	Type of Action
MGR	Evelyn Vivo	7545 West 24th Avenue, Suite 100	
		Hialeah, FL 33016	■Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
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locumer	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
document recordered is file	
document recordered is file	d.