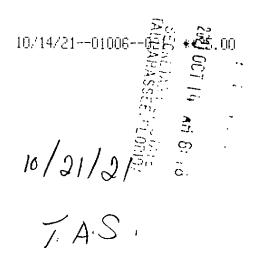
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Special Instructions to Filing Officer:

Office Use Only





## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Notarized by Vania LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Vania Henry Name of Person	
Notarized by Vania LLC	
5087 Edgewater Dr # 608883	
Orlando, Fl 32810 City/State and Zip Code	
NOTAri Zed by Vania @ gmail. Com E-mail address: (to be used for future annual groot notification)	
For further information concerning this matter, please call:	
Vania Henry at (401) 922-3016 Area Code Daytime Telephone Number	
Enclosed is a cheek for the following amount:	
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$	

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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( <u>Name of the Limited Biability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
this amendment is submitted to amend the following:  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 "LLC" or the abbre	
· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	s 5087 Edgewater Drait 40888
Enter new mailing address, if applicable:	

### 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>	Name	Address	Type of Action
MGR	Vania Henry	5087 Edgewater Dr.	<b>5</b> /\dd
		unit 608883	□Remove
		Orlando, FC 32810	Change
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Tective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or more to tee:  If the date inserted in this block does not meet the applicable statutory filing recument's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 6 quirements, this date will not be fi	05.020 sted a
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on this filed.	he earlier of: (b) The 90th day af	ter th
ted		

Filing Fee: \$25.00