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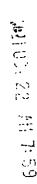
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O SIMMONS NOV 0 i 2021

COVER LETTER

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TO: Registration Sec Division of Corp			
k	FROMETA,	U.C.	
SUBJECT: K	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fec(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	<u> KIRENIA</u>	, FROMETA ROL	JERO
	<u> </u>	OHETA, LLC Firm/Company	
		th st Apt	
	HiAlean	F1 33014 City/State and Zip Code	
	KIRCAUNJE E-mail address: (t	o be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
Y RENIA Name of	FROHETA ROMI	ERO at (<u>286) 641-</u> Area Code Daytim	-2841 e Telephone Number
Enclosed is a check for th	ne following amount:		
1 3 \$25.00 Filing Fee	S30.00 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 Addres Registration 5		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Co	
P.O. Box 632	27	The Centre of 7	
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIOA	LIFTA		2 74 74 59	
(Name of the Limite	d Liability Compan A Florida Limited L	y as it now appears on ability Company)	our records.)	
The Articles of Organization for this Limited Lia		were filed on <u>9\2</u>	0/2021	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	4			
The new name must be distinguishable and contain the we	ords "Limited Liabili	ty Company," the design:	ation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applica (Principal office address MUST BE A STREET		<u>\bullet</u>	/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>80X)</u>		ri /A-	1
B. If amending the registered agent and/or re agent and/or the new registered office address		ddress on our recor	ds, <u>enter the nam</u>	ne of the new registered
Name of New Registered Agent:	KIEENI	A, FROM	ETA 20	MERO
New Registered Office Address:	1095 W	68 Hh 5+ Enter Florida si	reet address	MERO 32
	Hialea	Enter Florida si Fl City	, Florida	33014 Zip Code
New Designation Agent's Signature if changing D	egistered Agents			

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.

Hanager (MGC)

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 = M $AMBR = M$	Manager Authorized Member	Wert 22 7/17:59	
<u>Title</u>	<u>Name</u>	Address .	Type of Action
			□Add
			Remove
		1095 w 68th Stapt 3 Hialean F1,33014	2_the Change
MGR	<u>LILEMA, FROMETA</u> ROMERO		□Add
	non or		□ Remove
			□Change
			🗆 🗅 Add
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an effective date is listed of the insert of the date insert	er than the date of file the date must be specific a ed in this block does no ate on the Department o	and cannot be prior t meet the applic	able statutory filii	nore than 90 days	optional) safter filing.) Pu s. this date wil	irsuant to 605.020 If not be listed a
record specifies a dela Lis filed.	yed effective date, but r	ot an effective t	me, at 12:01 a.m.	on the earlier	of: (b) The 9	Oth day after th
ated <u>16</u>	1-13-	. 202,	<u>.</u> .	/	a	
					X/	

Filing Fee: \$25.00