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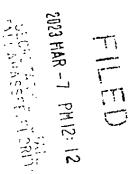
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A. RIVERS MAY - 8 2023

COVER LETTER

TO:

Registration Section
Division of Corporations

Vixen Extensus SUBJECT:	ensions, LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Alfrica Robinson		
		whitted for filing. er to the following: Name of Person S Firm/Company O Address Ol City/State and Zip Code gmail.com It (to be used for future annual report notification) call: at (239 310-1313 Area Code Daytime Telephone Number S55.00 Filing Fee & Certificate of Sta Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
	Name of Person		
		Firm/Company	
	2050 Collier Ave Ste 120		
		Address	, , ,
	Fort Myers, Florida 33901		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Alfrica Robinson		239 310-1313 at()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	-	Certified Copy	Certificate of Status &
Mailing Addre Registration Division of O P.O. Box 63: Tallahassec,	Section Corporations 27	Registration Se Division of Cor The Centre of T	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vixen Extensions, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $_$ $\frac{09/20/2021}{}$ and assigned Florida document number ____L21000413547 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Centrix Virtual Solutions, LLC 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) Po Box 62177 Enter new mailing address, if applicable: Fort Myers, Florida 33916 (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 City

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
			□Add
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