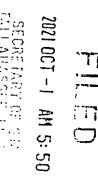
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COVER LETTER

TO:	Registration S Division of Co			. •
	EI (VATIN	G VACA LLC		11
SUBJECT:				
		Name of Lin	uited Liability Company	
The encl	osed Articles of	f Amendment and fee(s) are sub	emitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		ROSANNE RUTNIK		
			Name of Person	····
ROSANNE RUTNIK BOOKKEEPING & TAX SERVICES INC				
			Firm/Company	
		5616 SHANNON DR		
			Address	
		FORT PIERCE, FL 34951		
			City/State and Zip Code	
		ROSANNERUTNIK@AO		
			to be used for future annual report no	tification)
For furth	er information	concerning this matter, please c	all:	
ROSAN	NE RUTNIK		772 332-6381	
	Name	of Person		me Telephone Number
Enclosed	f is a check for t	the following amount:		
\$25 .	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 Addre		Street Address:	ection
	Registration Division of (Registration Section Division of Corporations	
	P.O. Box 63	27	The Centre of	Tallahassee
	Tallahassee,	FL 32314	2415 N. Monr	oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT - 1 AM 5:50

FLOATING VACA LLC

SECRETARY OF STARY OF The Articles of Organization for this Limited Liability Company were filed on $\frac{09/22/2021}{1}$ and assigned Florida document number L21000418239 This amendment is submitted to amend the following: A. 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 "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 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

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

___, Florida ___

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
MGR	MARY B MERENDINO	1945 7TH CT SW	
		VERO BEACH, FL 32962	■Remove
			☐ Change
MGR	MARY-BETH MERENDINO	1945 7TH CT SW	
		VERO BEACH, FL 32962	□Remove
			□Change
			□Add
		<u> </u>	
			□Change
			□ Add
			□Remove
		 	□ Change
			□Add
			□Remove
			□Change
	******		□Add
			□ Remove
			□Change

Effective date, if other than the date of filing:		
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Filing Fee: \$25.00