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(Address)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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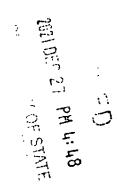
A. RIVERS

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COVER LETTER

	gistration Se- rision of Cor						
VIRC.O.2 SERVICES, LLC							
SUBJECT:Name of Limited Liability Company							
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.				
		ndence concerning this matter					
		SUYEN E. ROSALES HU	JRTADO				
			Name of Person				
		VIRC.O.2 SERVICES, LL	.C				
	Firm/Company						
	10090 NW 80TH CT APT 1222						
		-	Address				
		HIALEAH , FL 33016					
		SYNROSA77@GMAILCO	City/State and Zip Code				
			to be used for future annual report notification)				
For further in	nformation co	oncerning this matter, please c	all:				
SUYEN E ROSALES HURTADO			786 436-6652				
Name of Person		Person	at ()				
Enclosed is a	a check for th	e following amount:					
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
Reg Div P.C	iling Address gistration S vision of Co D. Box 632 Hahassee, F	Section orporations 7	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

VIRC.O.2 SERVICES, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp.	any were filed on 09/27/2021	and assigned
Florida document number $\frac{1.21000423330}{}$.		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	C" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new registe
the state of the s		0 10
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		7
Then ivegingled Critics Address,	Enter Florida street addre.	- P
	F.1	Tombus 18 F

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.

City

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	SUYEN E ROSALES HURTADO	10090 NW 80TH CT APT 1222, HIALEAH, FL 330	l€ _ ≣Add
			_ □Remove
			_ □Change
			_ □Add
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			_ □Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated OCTOBER 28 2021 gnature of a member or authorized representative of a member SUYEN E ROSALES HURTADO

Typed or printed name of signee