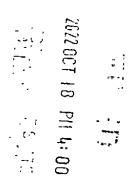


	1
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	-
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
	!
Office Use Only	



10/18/22--01024--018 **60.00

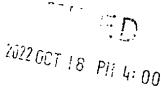


COVER LETTER

TO:

то:	Registration Section Division of Corporations	•	
^*!! > **	NOTE:	ARGV INVESTMENTS LLC	
SUBJE	:C1:	Name of Limited Liability Company	
The en	closed Articles of Amendment and	fee(s) are submitted for filing.	
Please	return all correspondence concerni	ing this matter to the following:	
		Yanet Comesanas	
		Name of Person	
		VGV (US) LLC	
		Firm/Company	
		2100 Ponce de Leon, Suite 850	
	<u> </u>	Address	
		Coral Gables, FL 33134	
		City/State and Zip Code	
		yanetc@vivancoyvivanco.com -mail address: (to be used for future annual report notification)	
For fur	ther information concerning this n	·	
	Yanet Comesanas	786 471-4655	
	Name of Person	at () Area Code Daytime Telephone Number	
Enclos	ed is a check for the following amo	ount:	
□ \$2	5.00 Filing Fee	ling Fee & S55.00 Filing Fee & \$60.00 Filing Fee tte of Status Certified Copy Certificate of St (additional copy is enclosed) Certified Copy (additional copy is e	atus &
	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



			<u> </u>
Liability Compan Florida Limited Li	y as it now appears on o lability Company)	ur records.)	
oility Company v	were filed on 11/29/20	21	_ and assigned
ring:			
<u>he limited liabi</u>	lity company here:		
ds "Limited Liabili	ty Company," the designa	tion "LLC" or the abbr	eviation "L.L.C."
ole:			
ADDRESS)			
<u>0X)</u>			
•	ddress on our record	is, <u>enter the name</u>	of the new registered
VGV (US) LLC	<u> </u>		
	2100 Ponce de	e Leon, Suite 850	
	Enter Florida str	reet address	
Coral Gables		Florida 3313	4
	City		Zip Code
	oility Company voing: the limited liabilities: ADDRESS) gistered office a here: VGV (US) LLC	consistered office address on our recording: VGV (US) LLC 2100 Ponce d	ds "Limited Liability Company," the designation "LLC" or the abbroole: ADDRESS) Gistered office address on our records, enter the name here: VGV (US) LLC 2100 Ponce de Leon, Suite 850 Enter Florida street address Coral Gables Florida 3313

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 or removed	g Authorized Person(s) a from our records:	uthorized to m	anage, <u>enter the title, name, an</u>	d address of each person being adde
MGR = N $AMBR = A$	lanager uthorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
				□Add
				□Remove
				Change
				□Add
				□Remove
				□Change
				□Add
				□ Remove
			····	□Change
		 		□Add
				Remove
				Change
				□Add
				□Remove
				Change
				□ Add

□Remove

□Change

mending any other in	nformation enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
 -	
ective date, if other tl	han the date of filing: (optional)
te: If the date inserted i	date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 in this block does not meet the applicable statutory filing requirements, this date will not be listed as on the Department of State's records.
cord specifies a delayed s filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
October 4th ed	. 2022
	Signature of a member or authorized representative of a member
	Carlos Javier Fiallo
	Typed or printed name of signee

Filing Fee: \$25.00