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(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2022 MAY 31 AM 8: 38 SECRETARY OF STATE

COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: VRACE	
SUBJECT.	Name of Limited Liability Company
The enclosed Articles of Amendment an	d fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
Leu	Jan Harper Name of Person
	VRACE
	Firm/Company
_3(141 NW 58st
	Address
	Miami FL 33142 City/State and Zip Gode
Vene	City/State and /ip Code
<u> </u>	E-mail address: (to be used for future annual report notification)
For further information concerning this i	matter, please call:
Levan Horper	at (305) 305-990-4242 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following an	nount:
☐ \$25,00 Filing Fee \$30,00 F	
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

(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 L	_	and assigned		
Florida document number <u>L22 0000</u>				·
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designa	tion "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applic	able:	3041 N	W 58 St 1	Miani
(Principal office address MUST BE A STREE		2		
Enter new mailing address, if applicable:	3041 N	W 58 St	mian:	
(Muiling address MAY BE A POST OFFICE BOX)		1-L 3314-	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		ddress on our record	ls, <u>enter the name of</u>	the new registered
Name of New Registered Agent:	Levan	, Harpe		FL 331UZ
New Registered Office Address:		EHIEF FROMGA M	UU GAATUSY	
	Mio	City	Florida 3	31UZ
		City		Lip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere	ed agent and agre	ee' to act in this capa	city. 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
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			□Remove
			□Change
			🗀 Add
			□Remove
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record speci	ifies a delayed ef	ffective date, but not	an effective time	e, at 12:01 a.m.	on the earlier of:	(b) The 90th	i day af	ier the
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