## L22000025535

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Office Use Only



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TALLAHASSEE, FLORIDA

JUN 1 8 2022 S. PRATHER

## **COVER LETTER**

TO:	Registration Se Division of Cor				
CIID ID	CVT	NERAL LLC			
Name of Limited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		IRIS GARCIA			
			Name of Person		
		LA VIE MINERAL LLC			
			Firm/Company		
		8000 W BROWARD BLV	CI'		
			Address		
		PLANTATION FL 33322			
			City/State and Zip Code		
		juny_5@hotmail.com  E-mail address: (	to be used for future annual report notification)		
For furth	ner information co	oncerning this matter, please c			
IRIS GA	ARCIA		754 245 2466		
,	Name of	Person	at ()		
Enclosed	l is a check for th	e following amount:			
<b>\$</b> 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 Address Registration S Division of Co P.O. Box 632 Tallahassee, 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

LA VIE MINERAL LLC		2022 <i>I</i> TALLA
(Name of the Limited )	iability Company as it now appears on our record Florida Limited Liability Company)	SF 27
The Articles of Organization for this Limited Liabi	lity Company were filed on	and assigned
Florida document number L22000028835		and assigned 9: 46
This amendment is submitted to amend the following	ng:	46 NE NDA
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		
B. If amending the registered agent and/or regis agent and/or the new registered office address h	*	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	<u> </u>
_	<del>· · · · ·                              </del>	orida
	City	Zip Code

## 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
MGR	JOSE DEFALLA	20185 COUNTRY CLUB DR	□Add
		MIAMI FL 33180	■Remove
			□ Change
			□Add
			□Remove
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fan effective <u>Note:</u> If the	ate, if other than date is listed, the date date inserted in the effective date on t	te must be specific his block does no	and cannot be price of meet the appli	cable statutory fi	r more than 90 days a	ptional) after filing.) this date w	Pursuant to vill not be	605.02 listed	207 as
	cifies a delayed eff	fective date, but	not an effective	time, at 12:01 a.r	m, on the earlier of	f. (b) The	90th day		he
							<u>&gt;</u>	- -	
d is filed.	IL 20		2022				AS:	PR ;	-
d is filed.	IL 20		2022	/			ASSEE	2022 APR 27	: ·
d is filed.	IL 20	Signature	)n/h	norized representati	ive of a mamber			<u>₽</u>	
d is filed.	IL 20	Signature o	)n/h	horized representat	ive of a member				