10/20/22, 3:58 PM

Division of Corporations

17867131940

Florida Department of State

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(((H22000360670 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)541-3980 Fax Number : (786)713-1940

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VICAS LLC

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K. SALY

OCT 2 1 2022

From: TAXLEAF.COM CONTADORMIAMI.COM

1422000360670-3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	Mr. Co.	1/
cord4.)		4.0,
13/2022	and assigned;	
"LLC" or the ab	obreviation "L.L.C."	

VICAS	LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	v as it new sonears ability Company)	on our records.)	
the Articles of Organization for this Limited Liability Company valorida document number	were filed on	01/13/2022	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	in Commune " the de	esignation "I ! C" or the a	bbreviation "L.L.C."
	пу Сопіряцу, тіс от 1440 NW 43 Т		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	LAUDERHILL		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1440 NW 43 T		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our r	ecords, <u>cuter the na</u>	me of the new registe
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo.	rida street address	
		, Florida _	
	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 Changing Registered Agent, Signature of New Registered Agent

From: TAXLEAF.COM CONTADORMIAMI.COM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H22000360670 3

MGK =	Alanager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
MBR	PORCO, FLORENCIA	1440 NW 43 Terrace 203	DAdd
		LAUDERHILL, FL 33313	Remove
			[Z]Change
MBR	MARINELLA, MARTIN	1440 NW 43 Terrace 203	□Add
		LAUDERHILL, FL 33313	Remove
			☑(Change
			Remove 7 20 Charge 7 20
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			□Remove
			D@hange

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From: TAXLEAF,COM CONTADORMIAMI.COM

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If an effective Note: If the	ite, if other than the date of f date is listed, the date must be specifi- date inserted in this block does r effective date on the Department	c and camor be prior to date of not meet the applicable sta	(op of filing or more than 90 days all tutory filing requirements, the	er tiling i Pursuant to 605.0207
e record sper rd is filed.	rifies a delayed effective date, bu	not an effective time, at l	2:01 a.m. on the earlier of:	(b) The 90th day after the
	OCTOBER 18TH	2022		
Dated	OCTOBER 18TH			
			presentative of a member	