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(Requestor's Name)		
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(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:		
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## **COVER LETTER**

TO: Registration Se Division of Cor	•	•	Š	<b>∮</b> (4)	,	3.
SUBJECT: SOP	hic Capello LL Name of Limited Li	C				
	Name of Limited Li	iability Company				
The enclosed Articles of	Amendment and fee(s) are submitted	d for filing.				
Please return all correspo	ndence concerning this matter to the	following:				
	Vavaha Do	Name of Person				
		Firm/Company			2023	
	5540 Hobsons	Choice Loop			2023 KAY -1 PH 2: 12	
	Manassas Cit	VA 20112- y/State and Zip Code		() () () () () () () () () () () () () () () (	PH 2: 1	9 3 
	Vaughn Da <b>s</b> hi E-mail address: (to be i	e 11 & Yahoo . 60 used for future annual report notif	← ication)		. 2	
For further information c	oncerning this matter, please call:					
Vaushn I	bshicll d'Person	at (305) 761 - 2 Area Code Daytime	385 Telepho	6 one Number		
Enclosed is a check for t	he following amount:					
□ \$25.00 Filing Fee	S30.00 Filing Fee & E	S55.00 Filing Fee & Certified Cupy (additional copy is enclosed)		\$60.00 Filin Certificate of Certified Co (additional co)	of Status opy	
Mailing Addre		Street Address: Registration Sec	ction			
Division of O P.O. Box 632	Corporations	Division of Cor The Centre of T	•			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOPHI CAPELLO LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	-

(A Florida Limited Lia	bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on $02/03/2022$ and assigned
Florida document number <u>LAAOOO57547</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
LV RENTALS LLC The new name must be distinguishable and contain the words "Limited Liability	
The new name must be distinguishable and contain the words "Limited Liability"	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	5540 Hobsons chaice 100P
Mailing address MAY BE A POST OFFICE BOX)	Manassus VA, 20112
B. If amending the registered agent and/or registered office ad	dress on our records, enter the name of the new registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address , Florida City Aip Code
	Florida 7
	City - Aip Code
New Registered Agent's Signature, if changing Registered Agent:	
l hereby accept the appointment as registered agent and agree	e to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	
being filed to merely reflect a change in the registered office a	
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>	Name	Address		Type of Action
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