## 422 000078536

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	<del>(</del> ‡)
PICK-UP	■ WAIT	MAIL
(D.,	siness Entity Name	<u>.                                      </u>
u <del>a</del> )	siness Entity Name	;)
(Do	cument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer	
opecial instructions to	r ming officer.	

Office Use Only



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FILED 2021 FEB 28 PH 2: 20 SECRETARY OF STATE

A. BUTLER MAR - 8 2022

## COVER LETTER

TO: Registration Section Division of Corpor	ations		•	•
SUBJECT: <u>UA</u>	$\sim a \cap OS \cap N$	od Liability Company	LC.	
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filling.		
Please return all corresponde	nce concerning this matter to	the following:		
	-5155C	Name of Person		
		Firm/Company		
	2601 NO			
	FORT LCU  Scarce Ca  E-mail address: (to	City/State and Zip Cod	e A = il ( ) / al report notification	33308 n
For further information con-	cerning this matter, please ca			
Sc382 Name of P	Cano	at ( \( \frac{\lambda}{\lambda} \cdot \)	20 -	phone Number
Enclosed is a check for the	following amount:			
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VAMAROS NO	y as it now appears on our records.)  Output  Description:  Output
(Name of the Limited Liability Company	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company velorida document number $\frac{2200078536}{7113470038196919}$ This amendment is submitted to amend the following:	vere filed on 2 149.42.52 EE, FL and assigned
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability"	
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	2601 NE 37 n.d Ave FURT Lowdedde. 160 33308
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

### 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.

City

Zip Code

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Add
			Remove
			Change
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
-	
_	
_	
an effe ote:	ctive date, if other than the date of filing:
record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the date.
ated _	2/25/2004
	Signature of a member or authorized representative of a member
	Typed or printed name of signee