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Oct 04 22, 01:32p p.2

COVER LETTER

	vision of Cor		
SUBJECT:	SERRAVIF		
SOBJECT.		Name of Lim	nited Liability Company
The enclose	d Articles of .	Amendment and fee(s) are sub	omitted for filing.
Please return	n all correspo	ndence concerning this matter	to the following:
		JUAN CARLOS VIRVIE	SCAS MURCIA
			Name of Person
		MGR	
			Firm/Company
		3100 N PALM AIRE APT	7 308
			Address
		POMPANO BEACH FL3	33069
			City/State and Zip Code
		serravir@gmail.com E-mail address: ((to be used for future annual report notification)
For further i	nformation co	oncerning this matter, please c	all:
Juan Carlos	Virviescas M	furcia	313 520-7887
	Name of	(Person	Area Code Daytime Telephone Number
Enclosed is	a check for th	ne following amount:	
₩ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re	niling Addressignstration S		Street Address: Registration Section Division of Corporations
P.6	O. Box 632	7	The Centre of Tallahassee
Ta	Hahassee, f	·L 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERRAVIRVI LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our reco- nted Liability Company)	rds.)
The Articles of Organization for this Limited Liability Com- Florida document number <u>L22000105443</u>	pany were filed on 02/22/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	202 T.
		200
		A 13 -
Enter new mailing address, if applicable:		35 F
(Mailing address MAY BE A POST OFFICE BOX)		
		7 22
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>ente</u>	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	s:a
		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.

Oct 04 22, 01:32p

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
AMBR	MAGDA PAOLA SERRATO V.	3100 N PALM AIRE APT 308	≡ Add
		POMPANO BEACH, FL 33069	
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
		C Change	
		□Add	
			□ Remove
			□ Change
			□Remove
			TChange

D. If amending any other informa	tion, enter thange(s) nere:	Ancen adamonal sneets	', it necessary.)
·			
-			
E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	st be specific and cannot be prior to ook does not meet the applical	date of filing or more than 90 c	(optional) theys after filing.) Pursuant to 605,0207 (3 cents, this date will not be listed as the
f the record specifies a delayed effective ecord is filed.	e date, but not an effective tim	ne, at 12:01 a.m. on the earli	er of: (b) The 90th day after the
OCTOBER 04	2022		
	-	_	
	Signature of a member or author	ized representative of a membe	r
JUAN CARLOS VIRV	IESCAS MURCIA		

Typed or printed name of signee