

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

L22000219003346

Note: Please print this page and use it as a cover sheet. Type the fax and/or number (shown below) on the top and bottom of all pages of the document.

(((H22000219003 3)))



H220002190033ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : INCFILE.COM LLC  
Account Number : 120220000070  
Phone : (888)462-3453  
Fax Number : (877)919-2613

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

Email Address: EFILE1234@INCFILE.COM

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

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

2022 JUN 27 PM 1:14

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2022 JUN 27 PM 4:36

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX

JUN 28 2022

**COVER LETTER**

(((H22000219003 3)))

TO: Registration Section  
Division of Corporations

SUBJECT: VYMADEIT LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOVETTE DOBSON

Name of Person

Firm/Company

17350 STATE HWY 249, STE 220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFILE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON at ( 1 ) 888-462-3453  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

(((H22000219003 3)))

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H22000219003 3)))

VYMADEIT LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/13/2022 and assigned  
Florida document number 122000225546.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8431 Del Rey Court Apt. 07

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33617

Enter new mailing address, if applicable:

8431 Del Rey Court Apt. 07

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, FL 33617

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

8431 Del Rey Court Apt. 07

*Enter Florida street address*

Tampa

*City*

, Florida 33617

*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

(((H22000219003 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H22000219003 3)))

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>    | <u>Address</u>             | <u>Type of Action</u>                      |
|--------------|----------------|----------------------------|--|
| AMBR         | Xavian Walters | 8431 Del Rey Court Apt. 07 | <input type="checkbox"/> Add               |
|              |                | Tampa, FL 33617            | <input type="checkbox"/> Remove            |
|              |                |                            | <input checked="" type="checkbox"/> Change |
|              |                |                            | <input type="checkbox"/> Add               |
|              |                |                            | <input type="checkbox"/> Remove            |
|              |                |                            | <input type="checkbox"/> Change            |
|              |                |                            | <input type="checkbox"/> Add               |
|              |                |                            | <input type="checkbox"/> Remove            |
|              |                |                            | <input type="checkbox"/> Change            |
|              |                |                            | <input type="checkbox"/> Add               |
|              |                |                            | <input type="checkbox"/> Remove            |
|              |                |                            | <input type="checkbox"/> Change            |
|              |                |                            | <input type="checkbox"/> Add               |
|              |                |                            | <input type="checkbox"/> Remove            |
|              |                |                            | <input type="checkbox"/> Change            |
|              |                |                            | <input type="checkbox"/> Add               |
|              |                |                            | <input type="checkbox"/> Remove            |
|              |                |                            | <input type="checkbox"/> Change            |

(((H22000219003 3)))

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated JUNE 24TH 2022

Alvian Walters  
Signature of a member or authorized representative of a member

Navian Walters

Typed or printed name of signee