KZZ000 233631

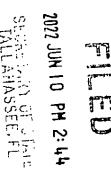
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dasiness Emily Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500388564445

06/10/22--01007--017 **25.00



COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Corp	orations				
	VIVALABEI	E LLC				
SUBJECT: Name of Limited Liability Company						
			and for filing			
		mendment and fee(s) are submi				
Please return	n all correspon	dence concerning this matter to	the following:			
		NIXZALIZ MELGAR				
	Name of Person					
		VIVALABEE LLC				
Firm/Company						
3410 SHERRY DR						
			Address			
BRANDON, FL 33511						
	City/State and Zip Code					
		NIXZIE26@GMAIL.COM	o be used for future annual report notifi	cation)		
For further	· information c	oncerning this matter, please ca				
	Z MELGAR	Ç	813 391-6931			
Name of Person		Area Code Daytime	Telephone Number			
Enclosed i	is a check for t	he following amount:		☐ \$60.00 Filing Fec,		
≅ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address:		Street Address: Registration Se	ction			
Registration Section Division of Corporations			Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

VIVALABEE LLC

2022 JUN 10 PM 2: 44

(Name of the Limited Liabilit	y Company as it now ap	pears on our record	<u>ds);;;;</u>	
(A Florida	Limited Liability Compar	ny)	TALL AHASSEE, FL	
The Articles of Organization for this Limited Liability Co	ompany were filed on	05/19/2022	and assigned	
Florida document number L22000233631	_ .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company	y here:		
The new name must be distinguishable and contain the words "Limit	ited Liability Company "t	he designation "LLC	The state of the s	
The new haire must be distinguishable and contain the words. Entire	ned claumty company, t	ne designation ELC	of the appreviation L.L.C.	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ESS)			
	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	-	-		
B. If amending the registered agent and/or registered	office address on ou	r records, <u>enter</u>	the name of the new registered	
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City		Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag- being filed to merely reflect a change in the registered	omplete performance ent as provided for i	of my duties, ar In Chapter 605,	nd I am familiar with and F.S. Or, if this document is	
company has been notified in writing of this change.	• •		•	

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	MELGAR, NIXZALIZ	3410 SHERRY DR	= Add
		BRANDON, FL 33511	□ Remove
			□Change
			□ Add
			□Remove
			□ Change
			□ Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			[]Change

Typed or printed name of signee