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COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT VM	1 aves Grove 1	۱ د			
SORTECT:	Name of Limi	L C ted Liability Company			
The enclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.			
Please return all correspon	ndence concerning this matter t	o the following:			
	Margi	Name of Person			
		Name of Person			
		Firm/Company			
	31 Matadas	1 0.00			
		Lane			
		2227 U			
	Davie FC	33324 City/State and Zip Code			
			. <u></u>		
	E-mail address: (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please ca	all:			
Macai	VIC ~	(<u>501)</u> 733-	4441		
Margie Van Name of Person		Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
\$\$\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration	Section	Street Address: Registration Se			
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U	1	2000
	. C	2022 JUL -8 AM 11: 27
VM Lot 45 Group L	av av it now appears on our records	? <i>``\\\</i> ?
(Name of the Limited Liability Compar (A Florida Limited L	lability Company)	
	12 lusto-	-
The Articles of Organization for this Limited Liability Company	were filed on Q 119 12 7	and assigned
Florida document number 122000 270701.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	dity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	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:		
(Mailing address MAY BE A POST OFFICE BOX)		·-··
	(P.11)	
B. If amending the registered agent and/or registered office a	iddress on our records, <u>enter th</u>	e name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
THE TREE PROPERTY OF THE PROPE	Enter Florida street address	

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

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	Margia Van	3419 Bromfuld Dr.	□Add
		0 (wee, FC 34761	□ Remove
			\overline Change
MGR	Mgon-Vincent Van	31 Matador Lane	Madd
		Davie, FL 33324	Remove
			□Change
			□Add
			□Remove
			□ Change
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fective date, if other on effective date is listed, the ote: If the date inserted ocument's effective date	ne date must be specific in this block does n	c and cannot be prior t not meet the applica	to date of filing or mo	(option re than 90 days after for requirements, this	iling.) Pursuant to 6	605.026 isted a
record specifies a delayer is filed.	ed effective date, but	t not an effective tir	me, at 12:01 a.m. o	n the earlier of: (b)	The 90th day at	fter th
ated	2+1	. <u>2022</u>				
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	MAN	$\sim \sim \sim$				