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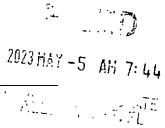
TO:

Registration Section Division of Corporations

	TITLES LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	VINCENT LOCASCIO			
		Name of Person		
		Firm/Company		
	4300 SINGER STREET			
		Address		
	Sebring, FL 33872			
	LOCACCIOADDI GCALA	City/State and Zip Code		
	LOCASCIOAPPL@GMAI E-mail address: (to be used for future annual report not	ification)	
For further information	concerning this matter, please c	all:		
VINCENT LOCASCIO)	954 249-5077		
Name	of Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addr</u> Registration	Section	Street Address: Registration Sc		
Division of Corporations P.O. Box 6327			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



MV REPTITLES 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 SEPTEMBER 15, 2022	and assigned
Florida document number L22000403569		
This amendment is submitted to amend the following:		
(Principal office address MUST BE A STREET ADDRESS) 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 our records, enter the name of the new registered		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "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)		
agent and/or the new registered office address here:	address on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Time Condition
	City	гір Соае
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, i	miliar with and f this document is

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
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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			☐ Change
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		Signature of a member of authorized representative of a member	

Filing Fee: \$25.00