## L22000435698

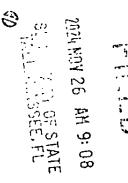
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## **COVER LETTER**

	istration Sedision of Corp			
SUBJECT:	VORTEX T			
SUBJECT:	-	Name of Lim	nited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		ALEXIS PIRELA		
			Name of Person	
			Firm/Company	
		407 WINDSTONE TRL		
			Address	
		ALPHARETTA, GA 3000	04	
		ALEXISPIRELARB@GM	City/State and Zip Code IAIL.COM	
		E-mail address: (	(to be used for future annual report notification)	
For further in	nformation co	oncerning this matter, please c	all:	
ALEXIS PI	RELA		786 8787602	
	Name of	Person	Area Code Daytime Telephone Number	
Enclosed is a	check for th	e following amount:	26 °	
□ \$25,00 l	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee.  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VORTEX TEAM LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records uted Liability Company)	2)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L22000435698</u> .	pany were filed on 10/10/2022	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 "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u> </u>	
Enter new mailing address, if applicable:	ALEXIS PIRELA	S C B com
Mailing address MAY BE A POST OFFICE BOX)	407 WINDSTONE TRL	- Q
	ALPHARETTA, GA 30004	C) -1474
		海市 至 60
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter t</u>	he name of the flew register
		. E
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	
	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.

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	MARIA PACHECO	407 WINDSTONE TRL	<b>∃</b> Add
		ALPHARETTA, GA 30004	
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		Signature of a	member or author	rzed representativ	e of a member	·		