

1220000462029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

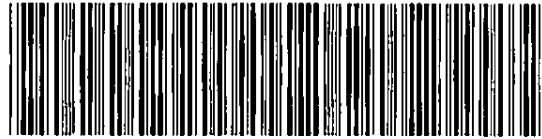
(Business Entity Name)

(Document Number)

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2023 SEP -6 AM 7:13
FILE

9/22/2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VYRTIUM 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:

GABRIELA AREVALO
Name of Person
SMART TALENT PRODUCTIONS CORP
Firm/Company
8865 COMMODITY CIRCLE, STE 14-103 PMB 1082
Address
ORLANDO, FLORIDA 32819
City/State and Zip Code
smarthalentpro@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GABRIELA AREVALO 954 5343626
Name of Person at () 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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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



August/21/2023

To:

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

To whom it may concern

I Cridal del Valle Sencial Bello in my capacity as Authorized Member of the company Vyrantium LLC, registered under document number L22000462029 on 10/26/2022 before the Registration Section, Division of Corporations of the State of Florida, hereby authorize Gabriela Arevalo on behalf of the company Smart Talent Productions Corp as my representative to sign the application for the processing based on the changes described below:

- Change of physical address of the company Vyrantium LLC.
- Change of mailing address of the company Vyrantium LLC.
- Change of the Registrar Agent of the company Vyrantium LLC.
- Change of the address of the Registrar Agent.

Sincerely

A handwritten signature in black ink, reading 'Cridal del Valle Sencial Bello'.

Cridal del Valle Sencial Bello

Authorized Member

7726 Winegard Rd 2nd Floor DV05 Orlando, FL 32809

+1(786)8933925 csencial@vyrantium.com

@Vyrantium



**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VYRTIUM LLC

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

2023 SEP -6 AM 7:13

The Articles of Organization for this Limited Liability Company were filed on 10/26/2022 and assigned
Florida document number L22000462029.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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 ADDRESS)

7726 WINEGARD RD

2ND FLOOR DV05

ORLANDO FLORIDA 32809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7726 WINEGARD RD

2ND FLOOR DV05

ORLANDO FLORIDA 32809

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:

SMART TALENT PRODUCTIONS CORP

New Registered Office Address:

8865 COMMODITY CIRCLE, STE 14-103 PMB 1082

Enter Florida street address

ORLANDO

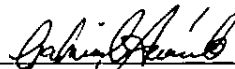
Florida 32819

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 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>	<u>Address</u>	<u>Type of Action</u>
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change

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

N/A

E. Effective date, if other than the date of filing: N/A (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 August 21, 2023

Signature of a member or authorized representative of a member

GABRIELA AREVALO

Typed or printed name of signee

Filing Fee: \$25.00