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TO: Registration Se Division of Cor			
SUBJECT: DC: 10	With Kay LLC		
SUBJECT: <u>VITV</u> C	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Uhacim J Ale	Name of Person	
	Limited Liability		
	681 Basingstoke	Address	
	Kissimmee, FL.	34758 City/State and Zip Code	
	alomal, Kharim@g E-mail address: (b	mail. Lom o be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	11:	
Kharim J Alo	ma) f Person	at (305) 794-78 Area Code Daytim	35(e Telephone Number
•			
Enclosed is a check for the	he following amount:		
✓ \$25.00 Filing Fee	S30.00 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 S Division of C	Section Corporations	Street Address: Registration Sec Division of Cor	porations
P.O. Box 632	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Urive With KGY (Name of the Limite	d Liability Comp: A Florida Limited	any as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L 22000 466 78</u>		were filed on <u>701</u>	31 122	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	oility company here	:	
N/A The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company." the desig	enation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	ble:	NIA		P DEC
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE I	<u>80X)</u>	N/A	The state of the s	
B. If amending the registered agent and/or re agent and/or the new registered office addres.	~	address on our reco	ords, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent:	NIA			
New Registered Office Address:	NIA	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 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	Kharim Alomal	681 Basingstoke (t. Kissimmee, FL.	I√Add
		34758	□Remove
			□Change
			
			□Remove
			□Add
			□ Remove
			□Change
			□Ađd
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove

77 CH.

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	N/A
(If an et Note:	tive date, if other than the date of filing: 12.116122 (optional) Tective 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)(the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the reco record is f	rd 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 iled.
Dated	December 14, 2022.
	Musin Word Signature of a member or authorized representative of a member
	1/ hocina Alama)

Typed or printed name of signee