09/1881/000667

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(Address)				
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11/28/22--01022--011 ***

CECRETARY OF STATE

COVER LETTER

	egistration Se ivision of Co					
CHD IFCT		NCY, LLC				
SUBJECT	:		nited Liability Company			
The enclose	rd Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please retur	n all correspo	ondence concerning this matter	to the following:			
		KATELYNN COCH				
			Name of Person			
			Firm/Company			
		745 COACHLIGHT DRIV		12.		
			Address			
		CASSELBERRY, FL 327.				
		City/State and Zip Code				
		Katelynn. coch (P a 01. Com to be used for fiture annual rep	ort notification)	;; 4:**1	707
For further i	information c	oncerning this matter, please e		and section of		82 S.O.B. 7707
СОСН, КА	TELYNN		407 844-7	628		Ω.
Francisco de		f Person ne following amount:		Daytime Telephone Number	Proc.	92.:01
\$25.00		S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Fili Certificate d) Certified Certified Centified Certified Center Control Certified Center Center Certified Center Cente	of Statu Copy	
Re	iling Address	Section	Street Addr Registratio	on Section		
	vision of Co D. Box 632	orporations 7		of Corporations c of Tallahassee		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIVI AGENCY, LLC

(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) iy)
The Articles of Organization for this Limited I		11/15/2022 and as
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability compan	y here:
N/A		
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.
Enter new principal offices address, if appli	cable: N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:	N/A	FALLA TALLA
(Mailing address MAY BE A POST OFFICE	<u> BOX)</u>	
		· 144
B. If amending the registered agent and/or	registered office address on a	r records anter the name of the new
agent and/or the new registered office addr		records, enter the name of the new
Name of New Registered Agent:	COCH, KATELYNN	
New Registered Office Address:	745 COACHLIGHT DRIVE	
New Registered Office Address.	Enter	Florida street address
	CASSELBERRY	. Florida ³²⁷³⁰
	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum 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 fille, name, and address of each person 1 or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of
MGR	COCH, KATELYNN	745 COACHLIGHT DRIVE	≣ Add
		CASSELBERRY, FL 32730	□Rem
			Char
			□Add
			□Remc
			Chan
			□Add
			CRECTOR CRECTO
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	23722 T. T.
	SECRET TALL!
	25/28
	171 O
Effective date, if other than the date of filing: $_$	1/23/2022 (optional)
If an effective date is listed, the date must be specific and can	not be prior to date of filing or more than 90 days after filing.) Pursuant to
document's effective date on the Department of State	the applicable statutory filing requirements, this date will not be 's records.
	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day
rd is filed.	
NOVEMBER 23	022
Dated	 ·
Lately	ber or authorized representative of a member
Signature of a mem	ber or authorized representative of a member
COCH, KATELYNN	
	ned or printed name of signee

Filing Fee: \$25.00