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COVER LETTER

TO: Registration Section Division of Corp.		१८५ ४ मेर अस्त अस्त अस्त । १८ व	
SUBJECT:	VVSNAILSZ,	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
	16.6	10-15-5U	
	mendment and fee(s) are sub		
Please return all correspond	dence concerning this matter	to the following:	
		VICTO 10 Shell	
		WSNAISZ Firm/Company	
	5200 NW	33rd Ave Ste 200 AM# AM67	
	FOR LOU	derdale, FL 33309 City/State and Zip Code	
	VVSNOJSZ J E-mail address: (City/state and Zip Code Code	, , ,
For further information con	acerning this matter, please ca		
Victoria	Shell	at 954, 294 5901.	
Name of F	erson	Area Code Daytime 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 & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Se Division of Cor		Street Address: Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(NSNALLS	52 LLC			
(Name of the Limited (A	Liability Compan Florida Limited Li	y as it now appears on our ability Company)	records.)	2023	
The Articles of Organization for this Limited Liab Florida document number <u>L770005</u>	oility Company v <u>) 789</u> 7	vere filed on	9/2022-	and assigned	
This amendment is submitted to amend the follow		1 * * **	. ==		
A. If amending name, enter the new name of t	he limited liabil	ity company here:		图 25	
The new name must be distinguishable and contain the wor	ds "Limited Liabilit				
Enter new principal offices address, if applicable:			<u>'</u>	Ste 700 AM HAM	167
(Principal office address MUST BE A STREET	ADDRESS)	FOA Lauden	jale +L 3	33309	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>		33rd Ave idale 333	Ste 700 AM#A	M67
B. If amending the registered agent and/or reg agent and/or the new registered office address		ldress on our records,	enter the name	of the new registered	
Name of New Registered Agent:		ia shell		0.1 4 0.14	
New Registered Office Address:	5200 N	Enter Florida street	Ste W	MM#HMU/	
	Fort Lau	10erdale	, Florida	33309 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 **Type of Action Address** Title Name 3996 Invertary Dr. Lauderhill DADD VICTORIA Shell FL 33319 □ Change 5200 NW 33rd Ave Ste 200 LADD Victoria Snell AM# AM67 Fort Lauderdate | Remove FL 33309 □Add Change _____ □Add ____ □Remove

☐ Change

					
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