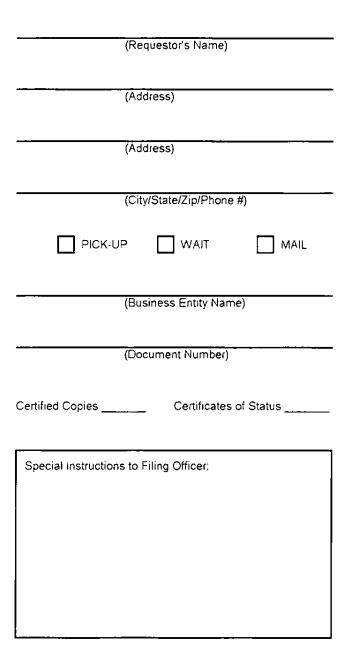
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Office Use Only





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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	Vives Grou	=		
SUBJECT:			ited Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		ANDREW VIVES		
			Name of Person	
			Firm/Company	
		7904 LUXBURY PL		
			Address	" " " " " " " " " " " " " " " " " " "
		TAMPA, FL 33614		
			City/State and Zip Code	
		andrew.vives@nm.com	to be used for future annual report not	¥6
For further	information c	oncerning this matter, please of	·	incation)
Andrew Vi	ves		845 300-3396	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Co		
	O. Box 632		The Centre of	
1 8	illahassee. l	F に 32314	2415 N. Monro	oe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vives Group LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
lorida document number L22000524225		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
The Vives Enterprise LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity 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)		2024 SEC
		<u> </u>
nter new mailing address, if applicable:		λ γ γ
Mailing address MAY BE A POST OFFICE BOX)		
		m 9
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Floric	la
	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
			□Add
			□Remove
			©Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			⊐Add
		784	□Remove
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ffective date, if other than the an effective date is listed, the date mu ote: If the date inserted in this bocument's effective date on the D	ock does no	ot meet the a	ipplicable st	of filing or me atutory filing	ore than 90 da g requiremen	(optional ys after filing its, this date) g.) Pursuant to e will not be	605.0207 (listed as t
record specifies a delayed effective is filed.	e date, but i	not an effect	tive time, at	12:01 a.m. c	on the earlie	r of: (b) T	he 90th day a	ifter the
April 22nd		2024	·					
	\ .	/)						
		´ / ,						
4	Signature of	t'a member oi	r authorized i	epresentative	of a member			•

Filing Fee: \$25.00