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## CORPORATE ACCESS,

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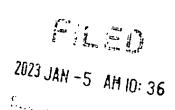
INC.

236 East 6th Avenue. Tallahassec, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

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1.	VIBA SOLUTIONS,	LLC
2.	(CORPORATE NAME AND DO	CUMENT #)
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



VIBA SOLUTIONS, I	LC.	TRELATINGSE JA
(Name	of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)	5
The Articles of Organization for this Florida document number L2200053	Limited Liability Company were filed on DECEMBER 20, 2	2022 and assigned
This amendment is submitted to am	,	
	ew name of the limited liability company here:	
A. If amending name, enter the h	ew name of the named habinty company nere.	
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 addre	s, if applicable:	
(Principal office address MUST BL	A STREET ADDRESS)	
Enter new mailing address, if app	licable:	
(Mailing address MAY BE A POST	OFFICE BOX)	
	nt and/or registered office address on our records, <u>enter t</u>	he name of the new registered
agent and/or the new registered of	fice <u>address here</u> :	
Name of New Registered	gent:	
New Registered Office Add	dress:	
	Enter Florida street address	
	, Flor	rida Zip Code
New Registered Agent's Signature, if	·	rip Code
hereby accept the appointment a provisions of all statutes relative a accept the obligations of my positi	s registered agent and agree to act in this capacity. I furt to the proper and complete performance of my duties, and on as registered agent as provided for in Chapter 605, F. age in the registered office address, I hereby confirm that	I I am familiar with and S. Or, if this document is
	If Changing Registered Agent, Signature of I	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>	Address	Type of Action
MGR	FEDERICO ROVAGNA	2201 SOLE MIA SQUARE LANE, APT 331	<b>⊟</b> Add
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Note: If	te date, if other that tive date is listed, the date int's effective date on	this block does	not meet the ap	plicable statuto	ing or more than ry filing requir	(optiona 90 days after fili ements, this da	ng.) Pursuant t	o 605.0 2 liste
If the record record is tiled	specifies a delayed c d.	ffective date, bu	st not an effecti	ve time, at 12:0	1 a.m. on the e	arlier of: (b)	The 90th day	after
		<b>I</b>						