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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:					
	Email	Addross:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VELLIVI LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ** OF

Vellivi LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000531371	were filed on 12/20/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Vellici LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2022
(Principal office address MUST BE A STREET ADDRESS)		
		- RC 27
Enter new mailing address, if applicable:		P
(Mailing address MAY BE A POST OFFICE BOX)		
		46
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
 			□Add
			□Remove
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			Remove ⊋
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Effective date, if other than the date fan effective date is listed, the date must be Note: If the date inserted in this block (document's effective date on the Depart	does not meet the applica	to date of fifing or more thable statutory filing req	(optional) an 90 days after filing.) Purs uirements, this date will i	suant to 605,0207 not be listed as t
e record specifies a delayed effective dated is filed.	te, but not an effective tir	me, at 12:01 a.m. on the	e earlier of: (b) The 90t	h day after the
Dated December 26	. 2022			
Moreon John	nature of a member or autho			
Sim	nature of a member or author	rized representative of a s	nember	

Filing Fee: \$25.00