L23000026752

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COVER LETTER

TO: Registration Se Division of Cor						
VIRHIVE	CONSULTING SERVICES L	LC				
SUBJECT:	Name of Lin	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Max Salas					
		Name of Person				
	Migrative Inc					
		Firm/Company				
	8400 NW 36th St Ste 450					
		Address	r)			
	Doral, Fl 33178		(2) (2) (3) (4) (4) (4) (4) (4) (5)			
		City/State and Zip Code				
	info@migrative.us		ငာ			
	E-mail address: (to be used for future annual report noti	fication)			
For further information c	oncerning this matter, please c	all:	بن نے ب			
Max Salas		305 3658827 at ()				
Name o	f Person		e Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address		Street Address:				
Registration Section Division of Corporations		Registration Se Division of Cor				
P.O. Box 632	•	The Centre of T				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIRHIVE CONSULTING SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/12/2023 and assigned Florida document number L23000026752 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address Florida

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.

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If Changing Registered Agent, Signature of 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	JOSE F PENARANDA UMANA	18702 SW 91ST AVE	
		CUTLER BAY, FL 33157	□Remove
		USA	• Change
MGR	ALBERTO MUNOZ ROSILDO	18702 SW 91ST AVE	□Add
		CUTLER BAY, FL 33157	
		USA	Change
			<u></u>
			□ Add
			± ☐Change =:
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ecord specifies a delayer is filed.	ed effective date, but n	ot an effective tir	ne, at 12:01 a.m.	on the earlier of: (b) The 90th da	ıy after ti
ted		_,			-	\$Ü\$
	•	<u> </u>	_			AU.1 E203
	Albert Signature of	e Muñoz (Apr 29 2023 17-18 a member or author	rized representative	of a member		ı
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	IUNOZ ROSILDO					Pii ₁ 3: 24

Filing Fee: \$25.00