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COVER LETTER

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TO: Registration S Division of Co			
	BALKCOM LLC	, y	·
SUBJECT:	Name of Lim	ited Liability Company	•
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	TOMEKA NAPPER		
		Name of Person	
	VIJIEN ENTERPRISES C	CORPORATION	
		Firm/Company	
	515 E LAS OLAS BLVD	STE 120	
		Address	
	FORT LAUDERDALE, F	L 33301	
		City/State and Zip Code	
	management@vijienenterpr E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
TOMEKA NAPPER		954 461-5992	
Name	of Person	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 Certified Copy Certificate of (additional copy is enclosed) Certified Co (additional copy	of Status & opy
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	n Section Corporations 327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

0.1.10.1/2.002	
ere filed on <u>01/24/2023</u>	and assigned
ty company here:	
Company," the designation "LLC" of	or the abbreviation "L.L.C."
12864 Biscayne Blvd	2024 Sec.
#1096	::: R
North Miami, Florida 33181	<u> </u>
12864 Biscayne Blvd	ED PH 2 OF STA
#1096	<u> </u>
North Miami, Florida 33181	
	Company," the designation "LLC" of 12864 Biscayne Blvd #1096 North Miami, Florida 33181 12864 Biscayne Blvd #1096

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 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>	Name	Address	Type of Action
MGR	BALKCOM, SYDNEY	12864 Biscayne Blvd	□Add
		#1096	□Remove
		North Miami, Florida 33181	≣ Change
			□Add
			□Remove
			Change
			□ Add
			Remove
			□Change
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is filed							90th day after the
ated	/0/9/20	24 9 l.	, 				
		/\//					
		Signature	of a member or	authorized repre	sentative of a mem	ber	