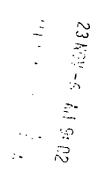
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(R	equestors Name)	
	J. f X	
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(A	ddress)	
(Ci	ty/State/Zip/Phone	e #)
		<b>—</b>
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filipa Officer	
Special instructions to	Filling Officer.	
	J. HO	RNE
	NOV 1 6	2023





11/06/23--01018--020 \*\*25.00



## **COVER LETTER**

	ce LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Karen Chambers	_	
	<u></u>	Name of Person	
	Vira's Place		
		Firm/Company	
	6566 Jacques way		
Division of Corporations  Vira's Place LLC    Name of Limited Liability Company			
	Lake Worth, Florida, 3346	3	
		·	
			ification)
For further information	concerning this matter, please ca	all:	
Karen Chambers		* · · · · · · · · · · · · · · · · · · ·	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
			ection
•			
P.O. Box 63		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13 15 M. O. P.

Vira's Place LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	Florida Limited Liability Company)	÷,•
The Articles of Organization for this Limited Liab	oility Company were filed on March 10, 2023	and assigned
lorida document number L23000126531	<del></del> ·	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
agent and/or the new registered office address	gistered office address on our records, <u>enter the n</u> <u>here</u> :	ame of the new reg
B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:	gistered office address on our records, <u>enter the n</u> <u>here</u> :	ame of the new reg
agent and/or the new registered office address	gistered office address on our records, <u>enter the n</u> here:  Enter Florida street address	ame of the new reg
Name of New Registered Agent:	here:	

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	Karen Chambers	6566 Jacques Way, Lake Worth, Fl. 33463	
			□Remove
			□Change
AMBR Shanice Clayton	Shanice Clayton		
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□ Add
			□Remove

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C. Effective date, if other that (If an effective date is listed, the date inserted in document's effective date or	this block does not meet the	e applicable statutoi	(op ng or more than 90 days aft ry filing requirements, t	tional) er filing.) Pursuant to 605.0 his date will not be listed	)207 (3) i as the
f the record specifies a delayed ecord is filed.	ffective date, but not an eff	ective time, at 12:0	I a.m. on the earlier of:	(b) The 90th day after	the
Dated	. 202				
Karen Cha	inbers Signature of a member	r or authorized repres	entative of a member		
Karen Chambers					
<del></del>	Type	or printed name of s	ence	<del></del>	

Filing Fee: \$25.00