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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : V & A BUSINESS SOLUTION INC

Account Number : 120160000021 Phone : (954)865-6607 Fax Number : (954)933-2634

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

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Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

APR 21 2023

:		COVER LETTER	ž
TO: Registra Division	ition Section of Corporations		
SAI SUBJECT:	: LCEDOS LI.C	.	. ₹
JOBNEC 1	Name of	f Limited Liability Company	
The enclosed Arti	cles of Amendment and fee(s) are	submitted for filing.	
Please return all c	orrespondence concerning this ma	atter to the following:	
	FEDERICO E SALCE	EDO	
		Name of Person	
	REG AGENT		
		Firm/Company	
	8430 NW 40TH STRE	EET APT 14	
		Address	
	CORAL SPRINGS FL	. 33065	
		City/State and Zip Code	
	fedeargz1390@g:nail.co		
		ess: (to be used for future annual report not	ification)
For further inform	ation concerning this matter, pleas	se call:	
FEDERICO E S.	ALCEDO	954 479-4218	
	Name of Person		ne Telephone Number
Enclosed is a chec	k for the following amount:		
■ \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailine A	address:	Strant Address.	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

SALCEDOS LLC			
(Name of the Limited Link (A clot	ility Company as it now appoind Limited Liability Company	Ars on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on _	03/15/2023	and assigned
Florida document number L23000127340	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company	here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the	cesignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	ORESS)		
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our :	records, enter the name	of the new register
		₩.	
Name of New Registered Agent:		<u> </u>	7021
New Registered Office Address:			3
	Enter Flo	orida street address	20 -
	City	, Florida:	Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:		<i>∴</i>
I hereby accept the appointment as registered agen	t and norse to act in this	cancelly I finished amo	د م معتمد سال سنط با

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree toxomply 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

Title	<u>Name</u>	Address	Type of Action
MMGR	FEDERICO E SALCEDO	8430 NW 40TH ST APT 14	_
		CORAL SPRINGS FL 33065	El Remove
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····			bbA⊡
			□Remove
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