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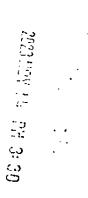
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COVER LETTER

TO: Registration Sc Division of Cor			
SUBJECT:	1 P REREATS Name of Limit	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Molly	Mame of Person	
	<u> </u>	RETREATS I	114
	260 SE	43Ed TER.	
		City/State and Zip Code	
	Molly@ noul	Mark Neally. Co	orfication)
For further information co	oncerning this matter, please ca	11:	
M to LL Y	McMilen Person	at (- 1756 me Telephone Number
Enclosed is a check for th	c following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	C \$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: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIP RETREATS, ILC	
(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 May at 14 Florida document number <u>13000 130 6</u> 7	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Emited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Cape Coval FL	our Dr # 113 - 33914
Enter new mailing address, if applicable: SAME AS	10 To
Fig. : B. If amending the registered agent and/or registered office address on our records, <u>enter the nan</u> agent and/or the new registered <u>office address here</u> :	ne of the new registered
Name of New Registered Agent: Theodore Sturt	ယ္ `´´
New Registered Office Address. 5793 Cape Harbur Dra Enter Florida street address Cape Coral , Florida	33914 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.

It 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 Title Address Type of Action Name STOUT Cape Harbour DR SANDE _____ Change AMBR MOLLY MCMILLEN 5793 Cape Harbour DR WARD
Cape Conal, FT 33914 _____ Change _____ 🗆 Remove ☐Change □Remove _____ □Change ____ 🗀 Add _____ □Remove

-	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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-	
(If an off <u>Note:</u>	ive date, if other than the date of filing:
the recor cord is fi	d specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	Nov 1, 2023
	Signature of a member of authorized representative of a member
	Morry M. CMillen Typed or printed name of signee