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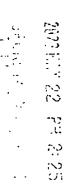
(Requestor's Name)
(Address)
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(1881888)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Tallahassee, FL 32314

OURS LLC lability Company
d for filing.
following:
B. Mayers Name of Person
MOUTS LLC Fired/Company
MAVENUE 2
+ FLORIDA 34287.
used for future annual report notification)
at (813) 999-5370 Area Code Daytime Telephone Number
S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
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

VIVTUALLI VOURS LLC.

(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L23000184</u> 500	e filed on $\frac{4132023}{}$ 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 "Limited Liability Co	ompany," the designation "L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	- 22
Enter new mailing address, if applicable:	P# 2:
(Mailing address MAY BE A POST OFFICE BOX)	. (N)
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ess on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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.

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Aaliyah mayers	8764 Alam Ave	i v Add
	,	north port, FL 3428	1 □Remove
			□Change
<u>amb</u> r	Aaliyah mayers	8744 Alam Ave	\\Add
		north port, FL 3428	☐ Remove
			三回Change
			BAdd
			□Remove
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			□Change
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or mo te: If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records.	(option for than 90 days after fire requirements, this of	ling.) Pu	rsuant to 605.02 I not be listed
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of s filed.	n the earlier of: (b)	The 9	Ith day after th
red May 17 . 2023.			
V			