L23000196335

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COVER LETTER

Tallahassee, FL 32314

TO:	Registration S Division of Co					
SUD IE		STRUCTION LLC				
SUBJEC		Name of Lin	nited Liability Company			
Thu and	anna i Andrika ar	C. Samura dan santana di Panta Sama mata	anciera I. Can Glina			
		Amondment and fee(s) are suf	-			
Please re	turn an corresp	ondence concerning this matter	to the following:			
		GUILHERME A DALMO	ONTE			
			Name of Person			
			Firm/Company			
		11439 CITRA CIR STE 3	04			
			Address			
		WINDERMERE, FL 3479	K 6	Freport notification)		
		guithermedalmonte@gmail E-mail address: (City/State and Zip Code Leom to be used for future annual report not	fication)		
For furth	er information (concerning this matter, please c				
GUILHERME A DALMONTE		MONTE	407 435-5759			
<u> </u>	Name (d Person	at () Area Code Daytim	e Telephone Number		
Enclosed	Lis a check for t	he following amount:				
■ \$2 5.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address Registration		<u>Street Address:</u> Registration Se	ction		
	Division of C	Corporations	Division of Cor	porations		
	P.O. Box 632	<u> </u>	The Centre of T	ananassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	ompany as it now appears on our records.) ited Liability Company)
(A Florida Lim	ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 04/20/2023 and assigned
Florida document number 1.23000196335	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
VIX INVESTMENTS GROUP LLC	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	Ci
Trincipal office address WOST DE ASTREET ADDRESS.	
Enter new mailing address, if applicable:	PO BOX 201
.,	WINDERMERE, FL 34786
Mailing address MAY BE A POST OFFICE BOX)	
	
	* 11
If amending the registered agent and/or registered off igent and/or the new registered office address here:	ice address on our records, enter the name of the new reg
general and the new jeggmented drive address never	
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zin 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
		***	□Add
			□Remove
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of filing:	f filing: _ ific and can s not meet	ot be prior to he applicat	date of filing	or more than	(optio 90 days after (nal) (iling.) Pursuan date will not	t te

Filing Fee: \$25.00