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COVER LETTER

TO:

TO: Registration Se Division of Cor	ection porations			
Viva La Mo	xla LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Kristian Alekov			
		Name of Person		
	Viva La Moda LLC			
		Firm/Company		
	8805 Tamiami Trl N Unit	503		
		Address		
	Naples FL 34108			7023
		City/State and Zip Code	رء 	
	vivalamodausa@gmail.com			
	E-mail address:	to be used for future annual report noti	lication)	· ••
For further information c	oncerning this matter, please of	all:		
Kristian Alekov		239 910-5300		-
Name o	f Person	at () Area Code Daytim	c Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of State Certificate Copy (additional copy is enc	
Mailing Addres		Street Address:		
Registration S Division of C		Registration Sec Division of Cor		
P.O. Box 632	-	The Centre of T	•	
Tallahassee, l	FL 32314		e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Viva La Moda LLC

company has been notified in writing of this change.

(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 05/04/2023 and assigned Florida document number L23000221403 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 Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _ City 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

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>	<u>Name</u>	Address	Type of Action
AP	Jorge Santiago	8805 Tamiami Trl N Unit 503, Naples, FL 34108	□ Add
			Remove
			Change
			□Add
			□Remove
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			DAdd
			□Remove
			□Change

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	is. tills date	will not be listee
. filed	of: (b) The	e 90th day after t
The distriction of the state of		
ed May 08 2023		
Signature of a member or authorized representative of a member		