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| | (Requestor's Name) |
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| | (Address) |
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| | (City/State/Zip/Phone #) |
| PICK-UF | WAIT MAIL |
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| | /h. Falls - Names |
| | (Business Entity Name) |
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| | (Document Number) |
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| Certified Copies | Certificates of Status |
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| Special Instructions to | Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: Vieta Constr | uction LLC |
| | mited Liability Company |
| The enclosed Articles of Amendment and fee(s) are su | ibmitted for filing. |
| Please return all correspondence concerning this matte | er to the following: |
| Victor | M. Nolasco |
| | Traine of reason |
| | Firm Company |
| 2661 MONTE | Address |
| Kissimne | Chy/State and Zip Code |
| holascovi E-mail address: | ctor 15 @Gmail.com (to be used for future annual report notification) |
| For further information concerning this matter, please | |
| Victor Nolasco Name of Person | at (40 4) 818-25 96 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| □ \$25,00 Filing Fee □ \$30,00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 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 | Street Address: Registration Section |

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The Articles of Organization for this Limited Liability Company were filed on | 05/26/202 | Sand as | esioned |
|---|--|-------------|---|
| Florida document number <u>L23000258531</u> . | | _and as | ,,,,g,,,ca |
| | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liability company h | <u>ere</u> : | | |
| | | | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the | designation "LLC" or the abbre | viation "l | IC." |
| Enter new principal offices address, if applicable: | | 2023 | |
| Principal office address MUST BE A STREET ADDRESS) | ¹ :1 | <u> </u> | 1 <u> </u> |
| | 131 (1) 14 (1) 14 (1) | 2 | - |
| | S O | PH 12: | } ! ! ;──} |
| Enter new mailing address, if applicable: | . '. '. '. '. '. '. '. '. '. '. '. '. '. | <u> </u> | |
| Mailing address MAY BE A POST OFFICE BOX) | | _=_ | |
| | | | . |
| | | . f 4k | |
| B. If amending the registered agent and/or registered office address on our lagent and/or the new registered office address here: | records, <u>enter the name d</u> | a the ne | ew registe |
| | | | |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | | | |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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> | Name | Address | Type of Action |
|--------------|----------------|----------------------|----------------------------------|
| MGR | Victor Nolas (| ZGGI MONTEGO BAY BLU | O MAdd |
| | 6 | Kssimmee FL 34746 | P_ □Remove |
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| . If amo | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an eff | ve date, if other than the date of filing: |
| he recor | 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 |
| | |
| Dated | June 15/23 |
| | Signature of a member or authorized representative of a member |
| | Typed or printed name of signee |