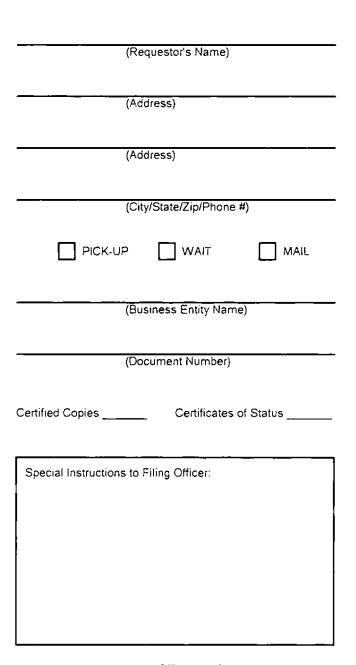
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Office Use Only



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SECRIFARY OF STATE

COVER LETTER

TO: Registration So Division of Co			
SUBJECT: MCTV	PENS GEORGES Name of Limit	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Rety Ge	Name of Person	
		Firm/Company	
	P.C. Box	970402 Address	
	Boa Rator BBKWarHu E-mail address: (1	City/State and Zip Code City/State and Zip Code Code	(CV)
For further information	concerning this matter, please ca	all:	
BCHY G	CCGCS of Person	at (786) 385 Area Code Daytime	C6 1 7 e Telephone Number
Enclosed is a check for the \$25.00 Filing Fee	he following amount: \$\sum \\$30.00 \text{ Filing Fee & Certificate of Status}	☐ \$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 Tallahassee, FL 32314

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

Veryens Geomes	5 200		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 13300354360.	were filed on	28/23	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabil		nation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N_/	<u> </u>	2024 HAY
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	M	AHAS SEE FE	Y 15 PM 4:49
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:	NIA		
New Registered Office Address:	Enter Florida :	street address	<u>.</u>
		, 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 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 DAdd □ _____ □Remove _____ □Change _____ Change _____Add □ Change AY 5 SRemove □Citange \square Add

f ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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an effect ote: If	date, if other than the date of filing:
record s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	Det A
	Signature of a member or authorized representative of a member
	Retty Group S Typed of printed name of signee