L23000375929

| (Re | questor's Name) | _ | | |
|---|-----------------------|--------|--|--|
| (Ad | Idress) | | | |
| (Ad | ldress) | | | |
| (Cit | ty/State/Zip/Phone #) | | | |
| PICK-UP | WAIT | MAIL | | |
| (Bu | isiness Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates of | Status | | |
| Special Instructions to Filing Officer: | | | | |
| | Nox | 20 | | |

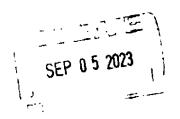
Office Use Only



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

: . . <u>.</u> : . .

| V.I. Home S | Solutions I_LC. |
|--|--|
| (<u>Name of the Limited Liability (</u> (A Florida Li | Company as it now appears on our records.) mited Liability Company) |
| Florida document number <u>L 230003759</u> | npany were filed on 8 10 2023 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited | d liability company here: |
| | |
| The new name must be distinguishable and contain the words "Limited | d 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 ADDRES | SS) |
| | (|
| | دن |
| Enter new mailing address, if applicable: | · · · |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| <u></u> | |
| | |
| B. If amending the registered agent and/or registered o agent and/or the new registered office address here: | office address on our records, enter the name of the new registered |
| 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:

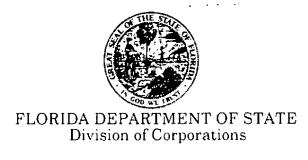
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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 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 | lype of Action |
|--------------|-------------|---------------------------------------|----------------|
| MGR | Masai Diaz | 10502 Alambra Ave. | Add |
| | | 10502 Alambra Ave. Tampa, FL 33619 | □Remove |
| | | | □ Change |
| | | | 🗆 Add |
| | | | 🗆 Remove |
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| | | | □Change |



September 19, 2023

MASAI DIAZ 10502 ALAMBRA AVE TAMPA, FL 33619 US

SUBJECT: V.I. HOME SOLUTIONS LLC

Ref. Number: L23000375929

We have received your document for V.I. HOME SOLUTIONS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

DUT 1 0 2023

Letter Number: 523A00021679

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