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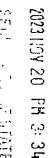
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Special Instructions to Filing Officer:
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## **COVER LETTER**

Division of Cor			<b>,</b>
VVS CONS	SULTING GROUP LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Josse Vargas Valera		
	<del></del>	Name of Person	
	VVS CONSULTING GRO	OUP LLC	
		Firm/Company	
	8285 NW 64 ST. UNIT 8		
		Address	
	DORAL, FL 33166		
		City/State and Zip Code	
	josse@vvsconsultinggroup.	com (to be used for future annual report notification)	
For further information of	concerning this matter, please c		
Denis Solano		305 370-5429 at ()	
Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for the	he following amount:		- er[ii]
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)	3
Mailing Addres		Street Address:	+ GD
Registration : Division of C		Registration Section Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	
Tallahassee		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VVS CONSULTING GROUP LEG		
(Name of the Limi	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited L	Liability Company were filed on October 5 2023	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	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 "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:	T POV	
Mailing address MAY BE A POST OFFICE		
agent and/or the new registered office addre	registered office address on our records, enter the naess here:  Josse Vargas Valera	2023 No
Name of New Registered Agent:		20
New Registered Office Address:		
	Enter Florida street address Florida	PH S
	City	Zip Code W

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Josse Vargas Valera	8285 NW 64 ST.	□Add
		UNIT 8 DORAL, FL 33166	□Remove
			Change
MGR	Denis K Solano	950 NW 22 AVENUE	□Add
		MIAMI, FL 33125	□Remove
			□ Add
			ПRетоve
			Change
			Grand Grand
			Change (1)
			□Remove
<del></del>			□ Change
			□ Add
			□ Remove
			□ Change

Effective date, if other than the date of filing:
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuage to 605.0207 (3)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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the record 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 ecord is filed.
Dated November 14 2023
Signature of a member or authorized representative of a member
Denis K. Solano  Typed or printed name of signee

Filing Fee: \$25.00