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To:

Division of Corporations

Fax Number : (950)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

Fhone : (845)425-0077 Fax Number : (845)818-3588

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Zip Code		

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. Thereby 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Victor II. Berrio	4308 Bradbury Ct.	
		Riviera Beach, FL 33410	
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this bedocument's effective date on the factorial date.	lock does not meet the applic	able statutory filing require	ments, this date will not be listed.	97 (3)ii as the
ne record specifies a delaye The 90th day after the rec		t an effective time, at	12:01 a.m. on the earlier	of:
Dated November 15	2023	<u> </u>		
	Victor Be	•		

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Typed or printed name of signee

Filing Fee: \$25.00