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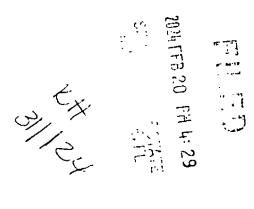
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## **COVER LETTER**

	ion Section of Corporations		
	V Hydration LLC		
		nited Liability Company	
	cies of Amendment and fee(s) are sub	<del>-</del>	
	Victoria Pennington		
	VIP IV Hydration	Name of Person	
	1911 NE 62nd Court	Firm/Company	<del></del>
	Ft Lauderdale, FL. 33308	Address	
	vipivhydration@gmail.com	City/State and Zip Code	<u> </u>
For further information	E-mail address: ation concerning this matter, please of	(to be used for future annual report not call:	fication) 2021 FEB 20
Victoria P <del>enningto</del>	a	901 484-7228 at ( )	E8 20
h	Name of Person	Area Code Daytim	te Telephone Number
Enclosed is a check	k for the following amount:		29 E
<b>■ \$25.00 Filing I</b>	Fee \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Mailing A	Address:	Street Address:	

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

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

VIP IV Hydrauon LLX	
(Name of the Limited Liability Company as it now apper (A Florida Limited Liability Company)	ears on our records.)
(A Fronted Difficulty Company	,
The Articles of Organization for this Limited Liability Company were filed on _	2/12/2024 and assigned
1 24000075260	<u> </u>
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	c designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
<del></del>	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	20.2 FF
<del></del>	· 💬 🖖
B. If amending the registered agent and/or registered office address on our	20
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new register
igent and/or the new registered office address here.	
	in the second
Name of New Registered Agent:	29 727
	·
New Registered Office Address:	lorida street address
	The same and same same same
	, Florida
City	Zin Cade

## 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	Type of Action
AP	Justin McMillan	1911 NE 62nd Court, Ft Landerdale, FL 33308	
		Remove	CI ACC
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ective date, if other than the deflective date is listed, the date must be if the date inserted in this blocument's effective date on the Dep	ic specific and cannot be prior to date of ik does not meet the applicable stati	filing or more than 90 days after fi utory filing requirements, this o	ling.) Pursilant to 605.020
cord specifies a delayed effective of filed.	late, but not an effective time, at 12	2:01 a.m. on the earlier of: (b)	The 90th day after the
February 16th	2024		
xd			
Si	gnature of a member or authorized rep	resentative of a member	<del></del>