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(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Name	e)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

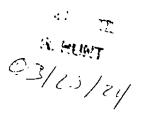




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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:	VP TOIPS E Name of Limi	VPN+S LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter (to the following:	
	Maria	R O (Q Name of Person	
		Firm/Company	po3
	325 Ri	JPY (1) + TY 1	· · · · · · · · · · · · · · · · · · ·
	St. Augus Lovetales E-mail address: (1)	City/State and Zip Code Output Letter 1 Letter 1 Letter 2 Letter 2 Letter 2 Letter 3 Letter 4 Let	Ct Ogmai & Com
For further information c	oncerning this matter, please ca		·
Name o	RO(A	at (904) Colo	o - 0051 Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration a Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Corp The Centre of T.	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOVIP TOIPS EXIPORTS ILC

(Name of the Limited Liabilit (A Florida	Y Company as it now appears on our Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability C Florida document number <u>L 2 4 0 0 0 0 8 3 8</u>	ompany were filed on 02 1	6 2024 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	RESS)	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:		42 5		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	F1 22		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d 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	Type of Action
AMBR	Sanchez, Alexandras.	325 RIVEY CLIFF TYI	🗆 Add
		St. Augustine, FL 3200	12 Remove
			□Change
AMBR	ROCA, Maria M	325 Rivercliff Tri	Ndd
		St. Augustine Fl 3200	12 □Remove
			□Change
			□Add
			□Řemove
			<u>⊟</u> }/dd
		747. First First 	
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)

(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.) Pursuant to 605.0207 (3)(b) 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. If 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 record is filed. Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee