L24000084355

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu:	siness Entity Nar	пе)
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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06/17/24--01010--006 **30.00



COVER LETTER

	istration Section of Corp			
oun in or	Via Kerria L	LC		
SUBJECT:		Name of Limit	ed Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	dence concerning this matter to	o the following:	
		John Kerry Bastien		
			Name of Person	
		Via Kerria LLC		
			Firm/Company	
		4700 Millenia Blvd Suites	s 500	
			Address	
		Orlando, Florida, 32839		
		Johnkerbas@viakerria.co	City/State and Zip Code	
			o be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	all:	
John Kern	y Bastien		407 308-2626 at ()	
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P	ailing Address egistration Sivision of Co. Box 632 allahassee,	Section Corporations 27	Street Address: Registration Scanision of Cor Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations `allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Via Kerria LLC		
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)	
The Articles of Organization for this Limited Liability Company were filed or Florida document number <u>L24000084355</u> .	n 02/16/2024	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compar	ny here:	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2024
_ 		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 		CI CO
B. If amending the registered agent and/or registered office address on a agent and/or the new registered office address here:	our records, <u>enter the name (</u>	of the new register
Name of New Registered Agent:		
New Registered Office Address: Entitle	er 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 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>	Address	Type of Action
AMBR	Arianna Gonzalez		□Add
		4700 Millenia Blvb Suite 500, Orlando, Fl, 32839) •Remove
			□Change
			□Adđ
			□Remove
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			□Add
			□Remove
			Change
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			□Remove
			Changa

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 ord is filed. Dated O6/10/20024 Signature of a member authorized representative of a member	If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:	_	
Effective date, if other than the date of filing:		
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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.) Pursuant to 605,0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 ord is filed. Dated Ob/10/20024 Signature of a member of a member.		
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Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	Dated (06/10/20024
	_	21/40
John Karn- Bootion		Signature of a member or authorized representative of a member
John Kerry Bastien		John Kerry Bastien

Filing Fee: \$25.00