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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
Authorized SUBJECT:	Personnel Removal		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yuichi Murakami		
		Name of Person	
	Velotris Group LLC		
		Firm/Company	
	1700 66th St N. 104-246		
		Address	·-
	St Petersburg, FL 33710		
		City/State and Zip Code	
	yuichi.m@velotris.com		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not	incation)
	oncerning this matter, picase co		
Yuichi Murakami		917 450-2042 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of O		Registration Se Division of Co	
P O Box 630		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Velotris Group LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{3/4/2024}{}$	and assigned
Florida document number 1.24000111509		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		PR -
		28
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records,	enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
	Cuy	Florida Zip Code
	CHy	хър соае

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
MGR	Mateus Proto		_ □Add
		1700 66TH ST N STE104-246ST PETERSBURG, FI	 ■Remove
			□Change
			_ 🗆 Add
			□Remove
			□ Change
			_ 🗆 Add
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fective date, if other tha	an the date of filing: ate must be specific and cannot		(optio	onal)
in effective date is listed, the do	ate must be specific and cannot this block does not meet the	of be prior to date of film he applicable statutor	g or more than 90 days after / filing requirements, this	tiling.) Pursuant to 605,020, and the will not be listed as
cument's effective date or	the Department of State's	records.		
ecord specifies a delayed e is filed.	ffective date, but not an ef	fective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
is fired.				
May 22dn ated	202	24		
	. –	XX		
		TX		

Filing Fee: \$25.00

Typed or printed name of signee