## L24000113104

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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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10/01/24--01032--008 \*\*25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Virtus Vitalis Venture Consulting Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Rodris de Aguino Name of Person					
Virtus Vitalis Venture Consulting					
8806 W 33rd Av					
Halcah FZ 33018 City/State and Zip Gode					
E-mail address: (to be used for future annual repursorification)					
For further information concerning this matter, please call:					
Rodrigo de Aguirro at (305) 934 1742  Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
✓ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)					
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations					
P.O. Box 6327 The Centre of Tallahassee					

2415 N. Monroe Street. Suite 810

Tallahassee. FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limite	ed Liability Company)	ii our records.)				
The Articles of Organization for this Limited Liability Compa	ny were filed on O	3/05/2024 and assign	gned			
Florida document number <u>L24600 113104</u>						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited li	ability company here:	:				
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the desig	gnation "ELC" or the abbreviation "L.L.	.C."			
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)						
		<u> </u>				
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our reco	ords, <u>enter the name of the new</u>	registered			
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	, Florida					
	•	Zip Code				
New Registered Agent's Signature, if changing Registered Agen	nt:					
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	ite performance of my is provided for in Cha	duties, and Lam familiar with opter 605, F.S. Or, if this docum	and nent is			

If Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Removal of Ronald Yalesias From
this LLC. Ronald Yalesias needs
to be removed From his AMBR duties
and be completelly removed From the
LLC
In addition Ronald yglesias should not
Be have any MGR 20-11cs.
Moring Forward, the only name under this LLC should be of
· · · · · · · · · · · · · · · · · · ·
Rodryo de Aprino
E. 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 (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.
Dated 9/25/24
Signature of a member or authorized representative of a member
Typed or printed rame of signee

Filing Fee: \$25.00

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
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			. □Change