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To:

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From:

Account Name : THERREL BAISDEN, LLP

Account Number : I20140000065 Phone : (305)371-5758 Fax Number : (305)371-3178

Enter the email address for this business entity to be used for furtue annual report mailings. Enter only one email address please. *

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIAN, LLC

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COVER LETTER

TO: Registration Se Division of Con			
VIAN, LLC SUBJECT:	С		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Andres E. Tejidor, Esq.		
		Name of Person	
	Therrel Baisden, LLP		
		Firm/Company	
	1 SE 3rd Avenue, Suite 29:	50	
		Address	
	Miami, Florida 33131		
		City/State and Zip Code	
	Atejidor@therrelbaisden.co	rn to be used for future annual report notif	ication)
For further information of	concerning this matter, please or		·
Andres E. Tejidor, Esq.	one on the state of	305 371-5758	
	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addre		<u>Street Address:</u> Registration Sec	ction

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Fax. +18506176383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIAN, LLC			
(Name of the Limited Liability (A Florida I	Company as it now appears on our i Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L24000121223</u>	ompany were filed on		and assigned
This amendment is submitted to amend the following:	-		
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation	"LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records,	SECRE PARKED STATI	FIL new D the ne
Name of New Negastered Agent.			65 65
New Registered Office Address:	Enter Florida street	address	
		, Florida	
	City	2	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

From: Elizabeth Miranda

: Elizabeth Mitanda Fax; +13053715758 To. Fax; +18506176383 Page: 4 of 5 (05/19/2025 2:30 PM

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	DE PILAR POZUELO, MARIA	P.O. BOX 299-6151	🗀 Add
		SANTA ANA 2000 CR	Remove
			Change
MGR	HAEHNER, MANFRED	1 KM AL SUR DE LA PACO	🗑 Add
		CONDOMINIO CHULAVISTA CASA #2	□Removc
		SAN RAFAEL, ESCAZU, SAN JOSE, COSTA RI	CA Change
MGR	POZUELO ACRE, ANA E	I KM AL SUR D ELA PACO	DAdd
		CONDOMINIO CHULAVISTA CASA #2	ERemove
		SAN RAFAEL, ESCAZU CR	🗆 Change
			□Add
			□Remove
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Note:	ive date, if other than the date of filing:	the applicable statutory fi	(optional) more than 90 days after filing.) Put ling requirements, this date will	suant to 605,0207 (3 not be listed as th
he record ord is fil	d specifies a delayed effective date, but not an cled.	effective time, at 12:01 a.i	n, on the earlier of: (b) The 90	th day after the
Dated _	May 19 20	025		
	/ //			

Filing Fee: \$25.00

Typed or printed name of signee