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SECRETARY OF STATI

COVER LETTER

TO:

TO: Registration S Division of Co		•	
MF VIVLI SUBJECT:	ELA LLC		
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:	
	VILELA, MOACIR		
		Name of Person	
	MF VIVLELA LLC		
		Firm/Company	
•	₹880-OLD KINGS RD SA	PT 88	
		Address	
	JACKSONVILLE, FL 322	57	
		City/State and Zip Code	
	MOACIRFAVERI@OUTL	OOK.COM to be used for future annual report notification)	
For further information of	concerning this matter, please c	-	
VILELA, MOACIR	2	904 947-3163	
	of Person	at ()	
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy (additional copy is enclosed)	f Status & py
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MF VIVLELA LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our ed Liability Company)	<u>r records.</u>)	
The Articles of Organization for this Limited Liability Compartion of the Articles of Organization for this Limited Liability Compartion of the Articles of Organization for this Limited Liability Compartion of the Articles of Organization for this Limited Liability Compartion of the Articles of Organization for this Limited Liability Compartion of the Articles of Organization for this Limited Liability Compartion for the Articles of Organization for this Limited Liability Compartion for the Articles of Organization for this Limited Liability Compartion for the Articles of Organization for the Organization for t	ny were filed on <u>04/01/202</u> 4	4	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
MF VILELA LLC			
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation	on "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	ee address on our records,	enter the name	SAII
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	t addraga	
	enter riorial stree	r adaress	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Ager	-		soy with

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
			□Add
		·	Remove
			□Change
			🗆 Add
			Remove
			🗆 Change
			DAdd
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			□Remove
			□Change
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	,		□Remove
			□Change

Effective date, if other than the date of filing: [an effective date, if other than the date of filing: [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 605.022 Note: [17 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records. [18 record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) [19 The 90th day after the distribution of the state of the st				<u>- </u>	<u> </u>					
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