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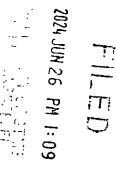
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COVER LETTER

TO:		ration Sect n of Corpo					
SUBJE	CT·	Verv	ica	LLC			
0.01201		, <u></u>		Name of Lim	nited Liability Company		
The end	closed Ar	ticles of Ai	nendment a	and fee(s) are sub	omitted for filing.		
Please i	return all	correspond	ence conce	rning this matter	to the following:		
				Victor	Name of Person	Marlinez	
			<u> , ,</u>		Firm/Company		
				1703 E	4 ST Address		
				Le high	A Cres FL City/State and Zip Cod	35936	
				E-mail address: (to be used for future annu-	al report notification)	
For furt	her infor	mation con	cerning this	s matter, please c	all:		
	Vic	Name of P	intero erson	Martinez	at (<u>234</u>)_ Area Code	395 ° 018 Daytime Teleph	L) ione Number
Enclose	ed is a che	eck for the	following a	mount:			
Ø 4 \$25	5.00 Filin	g Fee		Filing Fee & cate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is e		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	n <u>y as it now appea</u> Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000321200</u> .	were filed on	<u>05/13/2024</u>		and ass	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company h	ere:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the	designation "LLC" or t	he abbrevi	ation "L.	L.C."
Enter new principal offices address, if applicable:				_2	
(Principal office address MUST BE A STREET ADDRESS)			્ર-ર્યું ક)24	
				26	
Enter new mailing address, if applicable:			-1) 	P	
(Mailing address MAY BE A POST OFFICE BOX)			; ;		<u> </u>
			·	<u> </u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our i	records, <u>enter the</u>	name of	the nev	v registei
Name of New Registered Agent:					
New Registered Office Address:	Enter Flo	rida street address			
		, Florid:	ı		
	City		Z	p 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>	Name	Address	Type of Action
Mer	Victor Quintero Martinez	1707 E 45T	⊠ Add
		Lehigh Acres, FL 33936	□Remove
			□Change
			□Add
			□Remove
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ffectiv	re date, if other than the date of filing: (optional)
ote:	re date, if other than the date of filing:
record Lis tile	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 d.
ated _	Ote /1-1/2-1 Signature of a member or authorized representative of a member
	1a

Filing Fee: \$25.00

Typed or printed name of signee