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COVER LETTER

Tallahassee, FL 32314

	gistration Se vision of Co					
SUBJECT:		Vica Estate Holdin	g LLC			
SUBJECT.		Name of Lin	nited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	n all correspo	ondence concerning this matter	to the following:			
			Veronica Isturiz			
			Name of Person			
		Eagl	e Corporate Services LL	.C		
			Firm/Company			
		444 Brickell Avenue, Suite P-41				
			Address			
			Miami, Florida 33131			
		City/State and Zip Code				
			rporate@eagleincorp.co			
For further in	nformation c	oncerning this matter, please c	·	, the means of the second of t		
	Veron	ica Isturiz	at (+1)	786 4987997		
_	Name o	f Person		Daytime Telephone Number		
Enclosed is a	a check for th	ne following amount:				
∑ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc		
	iling Addres gistration S		Street Addre		~ }	
Div	vision of C	orporations	Registratio Division of	n Section f Corporations	}	
P.C). Box 632	7	The Centre	of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vica Estate Holding LLC

(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appear imited Liability Company)	ers on our records.)	
The Articles of Organization for this Limited Liability Cor Florida document number	mpany were filed on _	August 8th, 2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company h	iere:	
The new name must be distinguishable and contain the words "Limite	d Liability Company." the	designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<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 of agent and/or the new registered office address here: Name of New Registered Agent:	office address on our	records, <u>enter the name</u>	of the new registered
New Registered Office Address:	Enter Flo	orida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	iplete performance of nt as provided for in	f my duties, and I am fai Chapter 605, F.S. Or, if	niliar with and this document is
			•
			.
i	f Changing Registered A	gent. Signature of New Regis	tered 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
MGR	ROBLES, JUDITH	2346 BROADWAY ASTORIA, NY 11106	□ Add
			□Remove
			🗷 Change
			□ Add
			□Remove
			Change
			_ □Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
		<u> </u>	□Add
			□Remove
			: Change
			□Remove
			□Change

1 2 2			

If amending a	any other information, e	nter change(s) here: (Attac	h additional sheets, if neces	isary.)
				
				
	······································			
				
				-
				
				
				. <u>. </u>
		 -		
				<u></u>
(If an effective dat Note: If the dat	e, if other than the date of the is listed, the date must be spe ate inserted in this block do fective date on the Departm	cific and cannot be prior to date of es not meet the applicable statu	(option filing or more than 90 days after filtory filing requirements, this o	iling.) Pursuant to 605.0207 (3
he record specifi ord is filed.	ies a delayed effective date,	but not an effective time, at 12	:01 a.m. on the earlier of: (b)	The 90th day after the
Dated	August 21st	,		
		TI ARK D.	Solen	1
_	Signati	ure of a member or authorized repr		· · ·
				()

Filing Fee: \$25.00