(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

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TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations				
	Velvita Loa	ns LLC				
SUBJECT:  Name of Limited Liability Company						
<b>37</b> 1	1 A millor - 6	S	win A.C. Stine			
		Amendment and fee(s) are sub				
Please return	all correspo	ndence concerning this matter	to the following:			
		George G. Pappas				
			Name of Person			
		Pappas Law & Title				
			Firm/Company			
		1822 N. Belcher Rd.				
			Address	<del> </del>		
		Clearwater, Fl 33765				
			City/State and Zip Code			
		E-mail address: (	to be used for future annual report no	tification)		
For further in	nformation c	oncerning this matter, please c	all:			
George G. Pa	appas		727 447-4999			
	Name o	f Person	at () Area Code Daytir	ne Telephone Number		
Enclosed is a	i 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	iling Addres gistration S		Street Address: Registration Se	ection		
	-	orporations	Division of Co			
	). Box 632		The Centre of	-		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2025 HAY 30 PM 3:54

Velvita Loans LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

			19825 4175		
The Articles of Organization for this Limited L	iability Company	were filed on	and assigned		
Florida document number L25000177041	·				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	oility company here:			
N/A					
The new name must be distinguishable and contain the v	vords "Limited Liab	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."		
Enter new principal offices address, if applic	rable:	N/A			
(Principal office address MUST BE A STREE	ET ADDRESS)				
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE	ROV)				
Bruning unaress PLAT DE AT OUT THE	<u> </u>	<del></del>			
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	~	address on our records, enter the	e name of the new registered		
New Registered Office Address:		Enter Florida street address			
			idaZip Code		
New Registered Agent's Signature, if changing l	Registered Agent	,	•		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as region being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agr per and complete istered agent as registered office	vee to act in this capacity. I furth performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is		

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
MGR	Hassell, Byron	1822 N. Belcher Rd.	■Add
		Clearwater, FL 33765	□Remove
			□Change
			□Add
			□Remove
		<del></del>	☐ Change
			□Add
			□Remove
		<del> </del>	Change
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fective date, if other than the an effective date is listed, the date mu	ist be specific a	and cannot be p	rior to date of	filing or more th	optic nan 90 days after	filing.) Pursua	int to 605.020
ote: If the date inserted in this becoment's effective date on the f				utory filing rec	quirements, this	s date will no	it be listed a
	- <b>,</b>						
record specifies a delayed effecti	ve date, but r	not an effectiv	e time, at 11	2:01 a.m. on th	e earlier of: (b	) The 90th	dav after th
is fited.					,		,
		2025					
		2025					
ated May 23		_·	<del></del> ·				
ated May 23	$\overline{}$	_,	·				
ated May 23	Signature of	a member or a	uthorized ren	resentative of a	member		

Filing Fee: \$25.00