

L20 000358155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

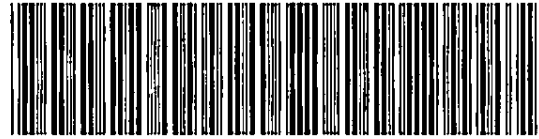
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

4/27/21
TM

Office Use Only



000361067300

03/05/21--01013--023 **25.00

FILED
IN THE OFFICE OF THE
SECRETARY OF STATE
DIVISION OF CORPORATION
21 MAR -5 PM 2:53

My name is Vincent Castellano and I am Filing to add a MGR(Robert McCarthy) to my business. My phone number is (631) 300 – 6971.

My return address is:

101 E Camino Real
APT 1105
Boca Raton, Florida 33432

Vincent Castellano

X 

2/26/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VMC CONSULTING L.L.C.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VINCENT CASTELLANO
Name of Person

VMC CONSULTING L.L.C.
Firm/Company

101 E CAMINO REAL 1105
Address

BOCA RATON, FLORIDA 33432
City/State and Zip Code

VINNYCAST12@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VINCENT CASTELLANO at 631 300-6971
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**

SECRETARY OF STATE
DIVISION OF CORPORATIONS

21 MAR -5 PM 2:53

VMC CONSULTING L.L.C.

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

The Articles of Organization for this Limited Liability Company were filed on 11/12/2020 and assigned Florida document number L20000358158.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

<u>Title</u>	<u>Name</u>	<u>Address</u>	21 MAR -5 PM 2: 53	<u>Type of Action</u>
MGR	ROBERT MCCARTHY	1217 W ROYAL PALM RD		<input checked="" type="checkbox"/> Add
		BOCA RATON, FLORIDA 33486		<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

21 MAR -5 PM 2: 53


Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 02/26/2021 (optional)

(If 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 02/26, 2021



Signature of a member or authorized representative of a member

VINCENT CASTELLANO

Typed or printed name of signee