## 121000333567

Office Use Only



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07/10/21 -- 01018 -- 008 \*\*25.00



## **COVER LETTER**

Division of C		•	
SUBJECT: V	P Contracti	ng LLC	
	Name of Lin	ited (Aubility Company	
The enclosed Articles of	of Amendment and fee(s) are sub	unitted for filing	
	pondence concerning this matter		
	position and the state of the s	to the knikking.	
	Tation	a Boxan	
		Name of Person	
		Firm/Company	
	315 Cam	rox St Address	
	_		
	Port Char	latte Fl 3	3950
	bytecm	City/State and Zip Code  (a) hot mail cam  to be used for future annual report notif	
	E-mail address: (		fication)
For further information	concerning this matter, please co	all:	
		at ( <u>415</u> ) 35 Area Code Daytime	17974
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
Z \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
2 Sann Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr		Street Address:	
Registration	Section	Registration Sec	etion

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

VIP Contraction	a lelic
( <u>Name of the Limited Liabilit</u> (A Florida	ty(Company as it now appears on our records.) i Efficient Liability Company)
The Articles of Organization for this Limited Liability C	ompany were filed on and assigned
Florida document number	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Limit	ited 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 ADDR	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	·
New Registered Office Address:	Enter Florida street address
	, Florida
<del></del>	City Zin 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>	<u>Name</u>	Address	Type of Action
MGR	Vasile Boston	315 Camrose St, Port Che	whaterAdd
			□Remove
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Effective date, if other than the date of filing:							
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	_	Jobon Sign	alure of a member or	authorized represer	ntative of a member		
Tatiana Bostan Typed or printed name of signee		_					

Filing Fee: \$25.00