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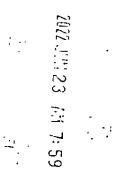
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		SC Home LLC		
30 BJ EC	1.	Name of Limi	ted Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		SORAYA MEIRA		
			Name of Person	
			Address	
		ORLANDO, FL 32819		
				
		smeira7@yahoo.com	o be used for future annual report notifies	tuon)
For furthe	er information c	oncerning this matter, please ca		inon,
	A MEIRA	,	407 491-4189	
	Name o	f Person	at () Area Code Daytime T	elephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Section	on

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NACCARATO SC HOME LLC

2022 000 23 74 7:59

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number 1.22000211390	were filed on 05-04-2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	,
VPA SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	243 White Heron Way	
(Principal office address MUST BE A STREET ADDRESS)	Saint Cloud, FL 34772	
Enter new mailing address, if applicable:	243 White Heron Way	
(Mailing address MAY BE A POST OFFICE BOX)	Saint Cloud, FL 34772	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:	·	10
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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my dutie provided for in Chapter 6	s, and I am familiar with and

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 Actio
AMBR	FELIPE GECYS DE SA	243 WHITE HERON WAY	□ Add
		SAINT CLOUD, FL 34772	Remove
			□Change
AMBR	SOFIA NACCARATO DE SA	243 WHITE HERON WAY	□ Add
		SAINT CLOUD , FL 34772	≣Remove
			□Change
AMBR	GABRIEL NACCARTO DE SA	243 WHITE HERON WAY	🗆 Add
		SAINT CLOUD, FL 34772	Remove
			☐Change
AMBR	LUCAS AGUIAR ARAUJO	737 College Ave	■ Add
		Menlo Park , California 94025	□ Remove
			□Change
MBR	WADIH JORGE KUBRUSLEY NI	10536 Belfry Circle	= Add
		Orlando, FL 32832	□Remove
			☐ Change
			□Add
			□Remove

metfectiv ote: If t	date, if other than the date of filing: (optional) (e date is listed, the date must be specific and cunnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listely effective date on the Department of State's records.	0207 (3 ed as th
s filed.	sectifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b). The 90th day after	r th c
:ed	Princilly Naccarelo de Samember	
,	Vaise: Lley S Naccare for die Sa Signature of a member or authorized representative of a member	

Filing Fee: \$25.00