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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | e) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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D CUSHING

COVER LETTER

| TO: Registration S Division of C | | | | |
|--|---|--|---|-----------------|
| SUBJECT: VMB Inv | estments, LTD. | | | |
| Na. | me of Florida Limited Part | mership or Limited Liabili | ty Limited Partnership | _ |
| The enclosed Certific | cate of Amendment an | d fee(s) are submitted | l for filing. | |
| Please return all corr | espondence concernin | g this matter to: | | |
| Ivonne Benitez | | | | |
| | Contact Person | | | |
| | Firm/Company | | | |
| 13940 SW 136 ST | Address | | r c | 797 |
| Miami, FL 33186 | Addiess | | | 2027 OC T |
| | City, State and Zip Code | | - | ر <u>.</u> — |
| ivonne.benitez@metrice | _ | ······································ | | _;; _;: |
| E-mail address: (to | be used for future annual | report notification) | | ىب دى |
| For further informati | on concerning this ma | atter, please call: | | ထိ |
| Ivonne Benitez | | at (305) | 770-8716 | |
| Name of Conta | ct Person | Area Code and Da | ytime Telephone Number | |
| Enclosed is a check t | for the following amou | ant: | | |
| □ \$52.50 Filing Fee | ☐\$61.25 Filing Fee and Certificate of Status | □\$105.00 Filing Fee and Certified Copy | S113.75 Filing Fee, Certified Copy, and Certificate of Status | |
| Mailing Address: Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323 | | The Centre | Section Corporations of Tallahassee onroe Street, Suite 810 | |



October 17, 2022

OCT 3 1 2022

IVONNE BENITEZ 13940 SW 136 ST MIAMI, FL 33186

SUBJECT: VMB INVESTMENTS, LTD.

Ref. Number: A0300001823

We have received your document for VMB INVESTMENTS, LTD. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 822A00023239

Diane Cushing Senior Section Administrator

www.sunbiz.org

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

| VMB Investments, LTD. | | | بن |
|---|---|--|--------------------------|
| Insert name cur | rently on file with Florida | Department of State | |
| Pursuant to the provisions of section 62 limited liability limited partnership, who 12/26/2003, ass | | ed with the Florida D | Department of State on |
| adopts the following certificate of amen | dment to its certificat | e of limited partners | hip. |
| This amendment is submitted to amend the f | following: | | |
| A. If amending name, enter the new name there: | ne of the limited partn | ership or limited liab | oility limited partnersh |
| New name must be | distinguishable and conta | nin an acceptable suffix. | |
| Acceptable Limited Partnership suffixes: Limite Acceptable Limited Liability Limited Partnersh | ed Partnership, Limited, L. ip suffixes: Limited Liabili | .P., LP, or Ltd. ity Limited Partnership, | L.L.L.P. or LLLP. |
| B. If amending mailing address and/ principal office address here: | or principal office ac | idress, <u>enter new m</u> | nailing address and/o |
| New Principal Office Add | dress: | | |
| (Must be STREET address) | | | |
| New Mailing Address: (May be post office box) | | | |
| C. If amending the registered agent and/or the new registered | | ress on our records, <u>c</u> | nter the name of the ne |
| Name of New Registered Agent: | Veronica Benitez | | |
| New Registered Office Address: | 13940 SW 136 ST | er Florida street addre | |
| | | | |
| | Miami City | , Florida | 33186 Zin Code |
| | (.IIV | | AO LOUE |

New Registered Agent's Signature, if changing Registered Agent:

| | | If Changing Registered Agent, | Signature of New Registered |
|--|------------------|---------------------------------------|-----------------------------|
| If amending the general partner(s), enter the name and business address of each general partnered or removed from our records: | | | |
| <u>`itle</u> | <u>Name</u> | <u>Address</u> | Type of Action |
| General P | Veronica Benitez | 13940 SW 136 ST Miami, FL 33186 | Add Remove |
| General P | Victor Benitez | 12191 SW 92 Avenue Miami, FL 33176 | ☐ Add ■ Remove |
| | | ☐ Add ☐ Remove | |
| | | | |
| | | | □ Add □ Remove |
| | | | |
| | | iability limited partnership is a | |

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

| F. If amending any other informatio | n, enter change(s) here: (Attach additional sheets, if necessary.) |
|--|---|
| | |
| | |
| | |
| | |
| Effective date, if other than the date of fi (Effective date cannot be prior to nor more than State.) | ling:90 days after the date this document is filed by the Florida Department of |
| Note: If the date inserted in this block does not r be listed as the document's effective date on the | neet the applicable statutory filing requirements, this date will not Department of State's records. |
| | |
| Signature(s) of a general partner or al | l general partners*: |
| (*NOTE: Only one current general partner is re removing a "limited liability limited partnership" when adding or removing a "limited liability lim | quired to sign this document unless the limited partnership is adding or 'election statement. Chapter 620, F.S., requires all general partners to sign ited partnership" election statement.) |
| 14/6// | |
| | |
| | |
| | |
| Signature(s) of all new or dissociating | general partner(s), if any: |
| j () | |
| VICTO MIBENITEZ | |
| | |
| | |
| | <u></u> |
| Filing Fee: \$52. | |
| Certified Copy (optional): \$52.5 Certificate of Status (optional): \$8. | |