# 10700023718

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TO: Registratio Division of	Corporations *		
<sup>4</sup> VIP CO	OMMERCIAL COACH, LLC		
	Name of Limited Liability Company		
The enclosed Article	s of Amendment and fee(s) are submitted for filing.		
Please return all corr	espondence concerning this matter to the following:		
	GUS SIMMONS, ESQ.		
	Name of Person		
	O'HALLORAN & SIMMONS, PLEC		
	Firm/Company		22
	2080 McGregor Blvd., Suite 300	-	0.1 it.
	Address		- 0
	FORT MYERS, FL 33901		
	City/State and Zip Code		· • •
	Gus( <i>d</i> joslegalgroup.com	-	8 23
	E-mail address: (to be used for future annual report notification)		
For further informati	on concerning this matter, please call:		
Gus Simmons, Esq.	239 204-9376		
Na	me of Person Area Code Daytime Telephone Number		

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

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□ \$30.00 Filing Fee & Certificate of Status  \$55.00 Filing Fee & Certified Copy (additional copy (senclosed)) \$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 <u>Street Address:</u> 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 COMMERCIAL COACH, LLC

#### (<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>March 2, 2007</u> and assigned Florida document number <u>1.07000023718</u>.

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 Liabi	lity Company," the designation "LLC" or the	abbreviation_L.L.C."
Enter new principal offices address, if applicable:	1648 Periwinkle Way	- 12
<u>Principal office address MUST BE A STREET_ADDRESS)</u>	Sanibel, FL 33957	
		01.
		- <del></del>
Enter new mailing address, if applicable:	C/O O'Halloran & Simmons, PLLC	 - •
(Mailing address MAY BE A POST OFFICE BOX)	1633 Periwinkle Way, Suite A	- 69
	Sanibel, FL 33957	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	O'Halloran & Simmons, PLLC		
New Registered Office Address:	1633 Periwinkle Way, Suite A		
<u></u>	Enter	Florida street address	
	Sanibet	, Florida <u>33957</u>	
	Ciņ	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

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<u>Title</u>	Name	Address	Type of Action
MGR	Scott Fischer Enterprises LLC	12730 Commonwealth Dr., Suite 2	🗌 Add
		Fort Myers, FL 33913	
			Change
MGR	Austin J. Shanfelter	1660 Bear Cub Ct.	🖬 Add
		Fort Myers, FL 33908	
MGR	Christopher W. Heidrick	1648 Periwinkle WAy, Suite E	
		Sanibel, FL 33957	□Remove
		<u></u>	r∿ ∽⊃ □Change
			🗆 Add
			🗌 Remove
			Change
			🗆 Add
			🖾 Remove
			Change
			🗆 Add
			🗆 Remove
			🗆 Change

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

E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (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.

Dec. 1		<u> </u>	
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$- \leq$	S.C.		
Si	gnature of a member or author	ized representative of a member	
Christopher W. Heidrick,	Manager		
<u> </u>	Typed or printed	I name of signee	