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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX ZONE INC.
Account Number : 120190000044
Phone : (407)888-3131
Fax Number : (888)453-0509

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Accountanta) taxzoneficcon

RECEIVED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN V.E.S. PROPERTY MANAGEMENT, LLC

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| Certified Copy | 0 |
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Electronic Filing Menu

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Help

2024-11-20 15:11:22 GMT COVER LETTER

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From: Tax Zone

| TO: Registration Se Division of Cor | | | | | |
|--|--|---|------------------|--|-------|
| V.E.S. PRO | OPERTY MANAGEMENT, LI | LC | ä | | |
| SUBJECT: | | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | EMILY VIVES | | | | |
| | | Name of Person | | | |
| | | Firm/Company | | | |
| | 10329 WESTLEY WAY | | | | |
| | | Address | | | |
| | ORLANDO, FL 32825 | | | | |
| | | City/State and Zip Code | | 2021 SE | |
| | E-mail address: (| to be used for future annual report notif | ication) | PAGE 18 | |
| For further information of | concerning this matter, please c | all: | | 120 TAR | 1 |
| EMILY VIVES | | 407 \$\$8-3131 at () | | | , and |
| Name o | f Person | Area Code Daytime | Telephone Number | 2024 HOY 20 MM 9: 06 SECRETARY OF STEAT | |
| Enclosed is a check for t | he following amount: | | | | |
| S25.00 Filing Fee | (1) \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Status & | |

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

| V.E.S. PROPERTY MANAGEMEN | | | |
|---|--|--|--|
| (Name of the Limite | d Liability Company A Florida Limited Lia | r as if now appears on our recubility Company) | ords.) |
| , | TI IOIIGE DIIIII DII | torney assumptions; | |
| The Articles of Organization for this Limited Lin | bility Company w | vere filed on 07/01/2010 | and assigned |
| Florida document number L10000069970 | | | |
| | | | |
| This amendment is submitted to amend the follow | wing: | | |
| A. If amending name, enter the new name of | the limited liabili | ty company here: | |
| The new name must be distinguishable and contain the wo | rds "Limited Liability | y Company," the designation "L | .LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica | ble: | | |
| (Principal office address MUST BE A STREET | (ADDRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| <u> </u> | | | |
| (Mailing address MAY BE A POST OFFICE B | <u>(Ολ)</u> | | |
| | | | |
| | | | 23 6 T |
| B. If amending the registered agent and/or re | | dress on our records, <u>ent</u> | er the name of the |
| agent and/or the new registered office address | nere: | | |
| | 10170 DAIL 3/ | | 89 = |
| Name of New Registered Agent: | VIVES, EMILY | | |
| New Registered Office Address: | 10329 WESTLE | Y WAY | 75 Ga. |
| new registred Office Address. | | Enter Florida street add | |
| | ORLANDO | | Florida 32825 |
| | | 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

To:

Page: 7 of 8

2024-11-20 15:11:22 GMT

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being active or removed from our records:

| MGR = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|---------|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| | | | Remove |
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_____ 🗆 Change

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if neces | sary.) |
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| | 2024 NOV 20 SECRETARY |
| | 120 TAR |
| Effective date, if other than the date of filing: (option (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 fi | ling.) Pursuant to 605.0207-(3 |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records. | FILE OF |
| the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) ecord is filed. | The 90th day after the |
| Dated <u>Vou 20</u> , <u>200 1</u> . | |
| | |
| Signature of a member of authorized representative of a member | |
| Frily Vives | |
| Typed or printed name of signee | |