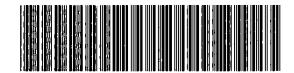
L110000/4784

•
(Requestor's Name)
•
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(, ,,
(Document Number)
Certified Copies Certificates of Status
Casaid Instructions to Filing Officer
Special Instructions to Filing Officer:
·

Office Use Only



900210332399

07/28/11--01021--021 **60.00

SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: VBG Contractors LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
CAROL BRYAN Name of Person
VBG Contractors LLC Firm/Company
2947 Bee Ridge Rd Address Sava sota, FL 34239 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (203) 848-5282 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} \\ (additional copy is enclosed) \$\ \text{Certified Copy} \\ (additional copy is enclosed)\$\$

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

34 nn 00 PM 125 1 L

	III JUL 20 THIE TO	
VBG Contractors	5 LLC.	
(Name of the Limited Liabili	ty Company as it now appears on our records.) a Limited Liability Company)	
(A Florida	a Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on $Q-Q-11$ and assigned	
Florida document number <u>L11000014784</u> .		
Florida document number	<i>·</i>	
This amondment is submitted to amond the full suite.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	VBG Contractors, LLC. DRESSI 2967 Bee Ridge Rd Sarasota, FL34239	
(Principal office address MUST BE A STREET ADD	DRESS) 2967 Bee Ridge Rd	
	Sarasota, FL34239	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	29107 Bee Ridge Rd	
	2967 Bee Ridge Rd Sarasota, FL 34039	
	30 (a) 1 C 3403 1	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new dress here:	
Name of New Registered Agent:	CAROL BRYAN	
New Registered Office Address:	29/07 Per Ridge Rd	
	Enter Florida street address	
	Savi sata Florida 34239	
	Sora Sofa , Florida 34239 City Zip Code	
New Registered Agent's Signature, if changing Register		
		

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> **Type of Action** CAROL BRYAN Add Remove Add 🔲 ☐ Remove Add □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member CAROL BRYAN
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00