# Fiorida Department of Stage Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SETH Z JOSEPH, P.A.

Account Number : I20220000035 Phone : (305)445-5383

: (305)445-5384 Fax Number

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

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VOS UTILITY, LLC

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#### H22000333562 3

### TO ARTICLES OF ORGANIZATION **OF**

VOS UTILITY, LLC						
(Name of the Limited (A	Liability Compa Florida Limited	ny as it now appears on o Liability Company)	ur records.)	····	_	
		,				
The Articles of Organization for this Limited Liab	ility Company	were filed on 08/27/20	13	and	assign	ned
Florida document number L13000121169	·					
This amendment is submitted to amend the following	ing:					
A. If amending name, enter the new name of th	e limited liab	ility company here:				
			1	haa tasta	** 1.6	
The new name must be distinguishable and contain the word	a Pimited fright			oreviation	i 4.5.4	•
Enter new principal offices address, if applicable	e:	12001 SW 128 Ct, Su	ite 206	्र स्वात	2	
(Principal office address MUST BE A STREET	(DDRESS)	Miami, FL 33186		<u> </u>	2	
				77 ( ) 27 ( )	الم	11
			3		28	
Enter new mailing address, if applicable:		12001 SW 128 Ct, Sui		n . /¦Ω	<u> </u>	П
(Mailing address MAY BE A POST OFFICE BO	<b>Y</b> )	Miami, FL 33186		0	<u></u>	<del>ש</del>
Manney Martes 1277 BE (1 1007 OTTTOL BO	<u>74</u>		, "	- : - (	7	
				-7		
B. If amending the registered agent and/or regis	stered office a	ddress on our records	s, enter the name	of the	new re	_
agent and/or the new registered office address h						
Name of New Registered Agent:	Seth Z. Joseph 1	P.A.	·			
New Pagistand Office Address	255 Alhambra (	Circle, Suite 600				
New Registered Office Address:		Enter Florida stre	et address			
	Coral Gables,		, Florida _ <sup>331</sup>	34		
-	·	City	, 1, 101 IGB	Zip Со	de -	
New Registered Agent's Signature, if changing Regi	stered Agent:					

#### N

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.

ng Registered Agent, Signature of New Registered Agent

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MGR = HXXXXXXX33562 3 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RAMIREZ, Michelle	12001 SW 128 Ct, Suite 206	□Add
		Miami, FL 33186	□Remove
			= Change
MGR RAMIREZ, Ruben, Jr	RAMIREZ, Ruben, Jr	12001 SW 128 Ct, Suite 206	□Add
		Miami, FL 33186	□Remove
			□Add
			□Remove
			□Change
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H22	2000333562 3		□Remove
			□Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:  (optional)  ective 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 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
he recor ord is fil	d 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 led.
Dated	Signanties: 21i 2022
	Signature of a member or authorized representative of a member
	Middellte Reuninez

Typed or printed name of signec