

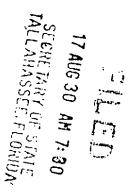
(R	equestor's Name)	
(A	ddress)	
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<u> </u>		
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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···	<u>. </u>	
(E	Business Entity Name)	
(0	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer	
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Office Use Only



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COVER LETTER

	gistration Se vision of Cor			
SUBJECT:	VP HOME:			
WEST.			ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Richard Price		
			Name of Person	
		VP Homes, LLC		
			Firm/Company	
		2811 Michigan St		
			Address	
		Melbourne, FL 32904		
			City/State and Zip Code	
		richard@pricefamilyhomes.		
		E-mail address: (to be used for future annual report notifi	ication)
For further i	nformation c	oncerning this matter, please ca	all:	
Richard Pri	ce		321 302-9399 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

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

VP HOMES. L.L.C.		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L14000042932	mpany were filed on <u>03/14/2014</u>	and assigned
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		enter the name of the n
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	SS S
New Registered Office Address:	Enter Florida street address	TO A I
	, Florid	
	City	Zip Code

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.

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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	William Price	619 Dinner St	≅ Add
		Palm Bay, FL 32907	□ Paurau
			Change
		·	
			☐ Remove
			Change
			Add
			□ Remove
			□ Change
			Add
			☐ Remove
			Change
 -			D Add
		-	□ Remove
			☐ Change
 -			Add
			☐ Remove
			□ Change

	/2	of a member or auth		12		
ed August 25th		2017			-	
record specifies a de he 90th day after th	layed effectiv e record is file	ed.	ot an effectiv	e time, at 12:	01 a.m. on t	he earliei
cument's effective date on	the Department	of State's records	5 .			
ective date, if other that reffective date is listed, the d te: If the date inserted in	ate must be specific	e and cannot be prio	r to date of filing o	or more than 90 days	s after filing.) Purs	uant to 605.0
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00