114000145339

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2024

Holli Lemuria **LEWIS BAXTER**

7120 JAMARIA CIRCLE #501

NAPLES, FL 34109

SUBJECT: VALUE GENERATION PARTNERS, LLC

paid in full \$35.00 Ck# 6040 12.24.23

Ref. Number: L14000145339

We have received your document for VALUE GENERATION PARTNERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 524A00001403

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Value Generation	a Partners, LC
	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	r to the following:
	.)
	Feli S. Baxter
	Name of Person
11 1.	Guntin Detroy 110
Vallu	Firm/Company
1.	Generation Partners, LCC Firm/Company 20 Jenuria Circle - *51 Address
	20 femura Cricle - Col
	Chy/State and Zip Code Luat @ gmail. Com (To be used for future annual report notification)
	City/State and Zip Code
VGPC	hat @ gmail. com
E-mail address:	(to be used for Suttyfe annual report notification)
For further information concerning this matter, please of	call:
tell's Buites	220 25 5010
Filli S. Bayter	at (<u>239</u>) <u>250 . 5919</u> Area Code Daytime Telephone Number
praise of reason	Area code Baytine receptione (various)
1.	_
Enclosed is a check for the following amount: $N/4$	4
S30.00 Filing Fee □ S30.00 Filing Fee &	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status & Certified Copy
elen roll will 3	(additional copy is enclosed)
core el trado os abo	
Color Entrope Lul 23 Color Entrope Lul 24 Color Ent	
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Value Generation	on Partners, UC	
(<u>Name of the Limited Lial</u> (A Flor	hility Combany as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document numberL 1 4 000 145	V	d
This amendment is submitted to amend the following:	;	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	red office address on our records, enter the name of the new registered enter Florida street address	
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registe agent and/or the new registered office address here		gistered
Name of New Registered Agent:		
New Registered Office Address:		
	, Florida	
	Cuy 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 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			☐ Change
			□Remove
			□Change
		**	□Add
			□Remove
			□Change
			\ _Add
			□Remove
			ClChunua

a	s of Tanuary 1, 2023, ownership has
	s of January 1, 2023, ownership has changed to:
	<u> </u>
	Ruis. Baxter 50% Rodney J. Baxter 50%
	Rodney L. Buxter 50%
	
If an effective date is li Note: If the date in	other than the date of filing:
rd is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated All	bruary 5. 2024. Kui S. Datar Signature of a member of authorized representative of a member
	· 1 A
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00