## 116000013727

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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## **COVER LETTER**

10:	Registration Se Division of Cor				•	
		OVATIONS, LLC			•	
SUBJE	СТ:	Name of Lim	ited Liability Company		<u>-</u>	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		David Farrugia				
			Name of Person			
			Firm/Company			
		355 RIDGE DRIVE			021 ( TAL	
			Address		2021 OCT 15 SECRETARY TALLAHAI	
		NAPLES, FL 34108			RY OF STATE	
			City/State and Zip Code		PH 2: 09	
		megancde@gmail.com	to be used for future annual report noti	(Tantian)	 ∃	
For furtl	her information co	oncerning this matter, please of		neacton		
David F	arrugia		239 537-5411			
	Name of	†Person	at () Area Code Daytim	e Telephone Num	her	
Enclosed	d is a check for th	ne following amount:				
□ \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	Filing Fee, icate of Status & ied Copy mal copy is enclosed)	
	Mailing Address		Street Address:			
	Registration S Division of Co		Registration Sec Division of Cor			
	P.O. Box 632	7	The Centre of T	allahassee	0.0	
	Tallahassee, F	1L 32314	2415 N. Monro	e Street, Suite	2810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VOR INNOVATIONS, LLC				
(Name of the Limite	d Liability Compar A Florida Limited I.	n <u>y as it now appears (</u> liability Company)	o <u>n our records.</u> )	
The Articles of Organization for this Limited Lia Horida document number L16000013727	ability Company	were filed on 04/17	7/2021	and assigned
his amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company hero	2:	
he new name must be distinguishable and contain the we	ords "Limited Liabili	• • •	-	
nter new principal offices address, if applica	355 RIDGE DRIV	FENAPLES, FERENOS		
Principal office address MUST BE A STREET ADDRESS)				2 71
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)			/ OF SSEE	5 PH 2: 09
3. If amending the registered agent and/or regent and/or the new registered office address		ddress on our rec	ords, <u>enter the nam</u>	of the new regis
Name of New Registered Agent:				<del></del>
New Registered Office Address:	355 RIDGE DR		a street address	
	NAPLES		Florida 341	08
	-	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 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
MGR	Heidi Farrugia	355 Ridge Drive Naples, Florida 34108	□Add
			■Remove
		<del></del>	□Change
			S 20 □Add
		TALLAHASSE	
			55 ☐ ☐ ☐ Add
		- · · · · · · · · · · · · · · · · · · ·	□Remove
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ffective date, if other than the d an effective date is listed, the date must b	ate of filing:	at he prior to da	e of filing or more	han 90 days affer	onal) · filing ) Purcungt t	5 <b>6</b> 05 0201
ote: If the date inserted in this bloc	k does not meet t	he applicable				
ocument's effective date on the Dep	artment of State :	s records.				
record specifies a delayed effective (	late, but not an et	ffective time	ut 12:01 a.m. on t	he earlier of: th	a) - The 90th day	after the
l is filed.					,	
Outshow 12	10					
ated October 12	20.					
		_	representative of a			_

Typed or printed name of signee