L16000038842

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Y. SCOTT APR 1 6 2022

COVER LETTER

TO: Registration Division of C						
V AND	Γ LAND LLC					
SUBJECT:	Name of Lin	nited Liability Company		•		
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.				
Please return all corres	pondence concerning this matter	r to the following:				
	Maria Bryant					
	 	Name of Person	_	- 	20:	
	The Haba Law Firm			100 E	2022 KAR 3 I	
		Firm/Company			ယ	. 63
	12420 Pebble Stone Cour	t	!	S S S S S S S S S S S S S S S S S S S	 - -	E
		Address	-1	.πi.ς;	.; ₹	Ĩ
	Fort Myers FL 33913		r		PH 2: 36	
		City/State and Zip Code				
	mariabryant@habalaw.con) (to be used for future annual report notif	Canal Canal			
For further information	concerning this matter, please o	·	neation)			
Maria Bryant		225 209-4700				
Name of Person		at () Area Code Daytime	e Telephone Number	r		
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Stat	tus &	
Mailing Adda Registration Division of P.O. Box 6. Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroo Tallahassee, Fl.	porations allahassee e Street, Suite 8	310		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

V AND T LAND LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\underline{-02/24/2016}$ and assigned Florida document number L16000038842 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: V LAND LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida _

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
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			🗀 Remove
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Iffective date, if other an effective date is listed Note: If the date insert ocument's effective date	ea in this block does	not meet the appu	cable statutory filir	(optioner than 90 days after g requirements, the	ional) r filing.) Puri is date will	suant to 60 not be lis)5.0207 sted as
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record specifies a delager is filed.	yed effective date, bu	ut not an effective t	ime, at 12:01 a.m.	on the earlier of: (b) The 901	ih day afti	er the
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Filing Fee: \$25.00