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Vitas J. Lukas, Attorney at Law

Post Office Box 40123, St. Petersburg, Florida 33743

Telephone: 727-251-4295; E-Mail: vlukas@tampabay.rr.com

December 11, 2020

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

VIA U. S. PRIORITY MAIL

Re: filing of Articles of Amendment for VGS Management, LLC

Dear Sir or Madam:

Enclosed please find [1] your completed **cover-letter form**, [2] the subject **Articles of Amendment**, [3] my personal **check in the amount of \$60.00** for your filing, Certificate of Status and certified copy fees, **and** [4] a postage pre-paid **return envelope**. Please file the Articles of Amendment, issue a receipt for payment, the Certificate of Status and certified copy, and return everything in the envelope provided as soon as possible.

If there is any problem with doing so, please contact me at the telephone number or e-mail address shown above. Thank you for your prompt attention to this request.

Sincerely,



Vitas J. Lukas
Attorney for VGS Management, LLC

VJL/agl
Enclosures
cc: client

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VGS Management, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LINA VILKIALIS, Trustee

Name of Person

The Giadiminas Vilkialis and Lina Vilkialis Revocable Living Trust u/t/d _____

Firm/Company

8298 - 27th Ave. N.

Address

St. Petersburg, FL 33710

City/State and Zip Code

vilkialis@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINA VILKIALIS, Trustee

727 687-3735
at ()

Name of Person

Area Code

Daytime Telephone Number

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)

☒ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VGS Management, 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 04/20/2016 and assigned
Florida document number L16000078330

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

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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:

Enter Florida street address

Florida

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	GIADIMINAS VILKIALIS, Trustee	8298 - 27th Ave. N., St. Petersburg, FL 33710	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LINA VILKIALIS, Trustee	8298 - 27th Ave. N., St. Petersburg, FL 33710	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	SAULIUS VILKELIS	8298 - 27th Ave. N., St. Petersburg, FL 33710	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Add
Remove
Change

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FILED
2020 DEC 18 AM 9:52

date of filing

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 12/8 2020

Shirley Wilk
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00