# L160000094317

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## · COVER LETTER

TO: Registration S Division of Co			
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SUBJECT:		nited Liability Company	•
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	HARRISON COLLENDE		
		Name of Person	
	VG DISTRIBUTION LL		
		Firm/Company	
	1314 East Las Olas Boule	vard Suite 1624	<b></b>
		Address	20 OCT 19 PH 1: 45
	Fort Lauderdale, Florida 3		
		City/State and Zip Code	PH
	NorthCoast.Group@protonmail co E-mail address: (	om to be used for future annual report notificatio	<u>n)</u>
For further information of	concerning this matter, please c	all:	•
HARRISON COLLENDER		at (310 ) 666-7728	
Name c	of Person	at (	phone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of C		Registration Section Division of Corporat	ions
P.O. Box 632	27	The Centre of Tallah	assee
Tallahassee, I	r L 32314	2415 N. Monroe Stro	ect. Suite 810

Tallahassee, FL 32303

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

VG DISTRIBUTION LLC

2000/10 (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 MAY 13 2016 Florida document number L16000094317 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NORTH COAST LAND GROUP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1314 E Las Olas Boulevard Suite 1624 Enter new principal offices address, if applicable: Fort Lauderdale, Florida (Principal office address MUST BE A STREET ADDRESS) 33301 1314 E Las Olas Boulevard Suite 1624 Enter new mailing address, if applicable: Fort Lauderdale, Florida (Mailing address MAY BE A POST OFFICE BOX) 33301 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: Harrison Collender Name of New Registered Agent: 1314 E Las Olas Boulevard Suite 1624 New Registered Office Address: Enter Florida street address , **Florida** \_\_\_\_ Fort Lauderdale

#### 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>	Address	Type of Action
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Effect	tive date, if other th	an the date of	filina:		(opti	ional)
Note:	ffective date is listed, the country of the date inserted in nent's effective date or	this block does	not meet the applic	cable statutory fil	more than 90 days afte ing requirements, thi	ional) r filing.) Pursuant to 605,0207 is date will not be listed as
	cord specifies a de 90th day after th			ot an effective	time, at 12:01	a.m. on the earlier o
	OCTOBER 13		2020			
Dated	1		<del></del> · <del></del>	·		
Dated		-				
Dated						
Dated	4	Signature	of a member or auth	orized representativ	e of a member	