416000130326

Office Use Only



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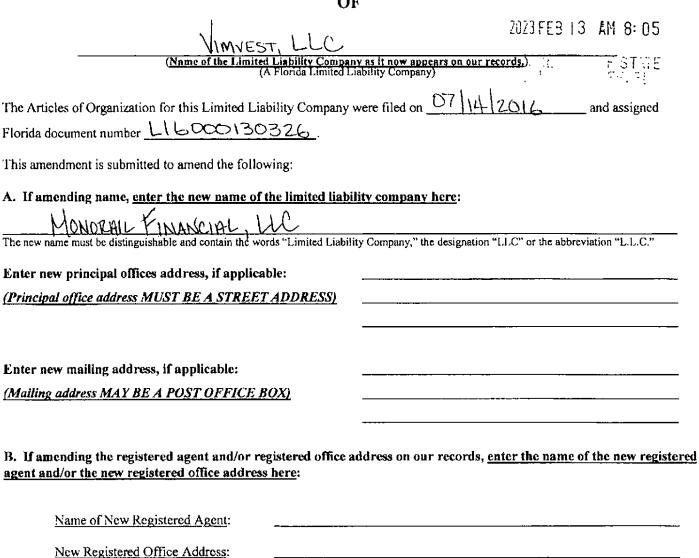
COVER LETTER

TO: Registration Section Division of Corpo	on rations		
elip mot.	VIIIVO	st 1.1C.	
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	mitted for filing.	
Please return all correspond	ence concerning this matter t	o the following:	
	DIAN	Name of Person	
	Vimvest,	LLC dba MonorAIL	
	3322 BEE R.	DCTE RO. Address	
	SARASOTA FL	- 34239 City/State and Zip Code	
	dnorth@mono	o he used for future annual report notifica	ation)
For further information con-	cerning this matter, please ca	H:	
Onua No Name of Po	erson	at (941) 925 - 21 Area Code Daytime T	21 Celephone Number
Enclosed is a check for the t	following amount:		
□ \$25.00 Filing Fee	S30.00 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 Sec	etion	Street Address: Registration Secti	on

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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



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

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

Title	Name	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change
•			□Add
			□Remove
			☐ Change
			□Add
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			Change
			□Add
			□Remove
			[]Change

,	
	\cdot
(If an c	tive date, if other than the date of filing:
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	FEBRUARY 13, 2023.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00



December 12, 2022

PHILLIP DICKSON 3322 BEE RIDGE RD SARASOTA, FL 34239

SUBJECT: VIMVEST, LLC Ref. Number: L16000130326

We have received your document for VIMVEST, LLC and your check(s) totaling \$222.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number of the name conflict is P21000054855.

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.

Anissa Butler Regulatory Specialist II

Letter Number: 822A00027530



January 25, 2023

PHILLIP DICKSON 3322 BEE RIDGE RD SARASOTA, FL 34239

SUBJECT: VIMVEST, LLC Ref. Number: L16000130326

We have received your document for VIMVEST, LLC and your check(s) totaling \$222.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 723A00001142

Anissa Butler Regulatory Specialist II

www.sunbiz.org



January 18, 2023

BRENDA PRESSER 1111 BGBY STREET SUITE 1600 HOUSTON, TX 77002

SUBJECT: MAVERICK OPERATING GP LLC

Ref. Number: M07000002974

We have received your document for MAVERICK OPERATING GP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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.

Anissa Butler Regulatory Specialist II

Letter Number: 523A00001143