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(KE	equestors Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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(Bu	isiness Entity Nar	me)
(Do	cument Number))
Certified Copies	Certificate:	s of Status
		
Special Instructions to	Filing Officer:	
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Office Use Only



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J. LEGGETT MAR 2 8 2018



March 14, 2018

VIRGINIA L PETERS 302 N SWEETWATER BLVD LONGWOOD, FL 32779 US

SUBJECT: V. L. P. INVESTMENTS, LLC

Ref. Number: L17000107330

We have received your document for V. L. P. INVESTMENTS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 918A00005201



RECEIVED

COVER LETTER

Division of Cor			
SUBJECT: VI	P Investmer	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Virginia L.	Peterson Name of Person	
		Firm/Company	
	302 N. Su	xeturater Bly	rd
	Longwor	Od FL 327 City/State and Zip Code	79
	E-mail address: (to be used to future annual report no	(fication)
For further information ed	oncerning this matter, please ca	all:	
Virginia Name of	Person	at (407) 443 Area Code Daytin	3965 ne Telephone Number
Enclosed is a check for th	e 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 cupy is enclosed)

MAILING ADDRESS:

. . . .

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia	thents, L.L. C. Ability Company as it now appears on order Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabilit Florida document number		and assigned
This amendment is submitted to amend the following	; ;	
A. If amending name, enter the new name of the VICOIDIA. The new name must be distinguishable and contain the words	Peters.I.L.C.	
Enter new principal offices address, if applicable:	· ·	
(Principal office address MUST BE A STREET AD	ODRESS)	
	- 	<u>~</u>
Enter new mailing address, if applicable:		P. H.
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a	4.	ir records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
<u> </u>		, 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 leason(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR =	Authorized Member		
<u>Title</u>	Name :	Address	Type of Action
			□ Remove
			Change
		·	Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than te: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to rements, this date will not be	o 605.0 : listed
record specifies a delayed effective date, but not an effective time, a he 90th day after the record is filed.	at 12:01 a.m. on the e	arlier
2/2/10		
ed 3/21/18		

Page 3 of 3

Filing Fee: \$25.00