117000108562

(Re	equestor's Name)
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ime)
(Do	ocument Number	·)
Certified Copies	_ Certificate	es of Status
Special Instructions to		
		10/18/21 TM
J	Office Use O	nlv



700373092457

09/20/21--01028--016 **52.50

21 0CT 12 PH 3: 22



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2021

JENNIFER VASQUEZ 3811 AIRPORT PULLING RD #102 NAPLES, FL 34105

SUBJECT: VCC ROOFING, LLC Ref. Number: L17000108562

We have received your document for VCC ROOFING, 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 FLORIDA LP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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: 521A00023579

Tekayla T Matthews OPS

www.sunbiz.org

, COVER LETTER

TO: Registration So Division of Cor			
SUBJECTS. XXC (c Roufing, L	1 (
SUBJECT: 100	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jenniser	VQ SQU & Z Name of Person	
	vcc los		
		or Puling Rd	N. #102
	Nadus	F1. 34105	
	VCCRXXI E-mail address: (City/State and Zip Code ORUC O 9 Maw to be used for future annual report noti	fication)
For further information e	oncerning this matter, please ca	all:	
	Vasoure	<u> </u>	-8519
Name of	f Person	at (<u>L39</u>) <u>825</u> Area Code Daytim 239 - 649	e Telephone Number 7909
Enclosed is a check for th	e 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 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

VCC ROSSION (Name of the Lim	ited Liability Company (A Florida Limited Liab	21 CC 1 1 as it now appears on our oility Company)		
The Articles of Organization for this Limited I		ere filed on $5-16$	<u> 2017</u>	_ and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabilit	v company here:		
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation	n "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if appli	_			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)				
B. If amending the registered agent and/or agent and/or the new registered office address.	_	dress on our records,	enter the name o	f the new registered
Name of New Registered Agent:	Virgilio)	vasquer.	(VIRGILIO	vasquez)
New Registered Office Address:	3811 Nief	DR J [1]] A Enter Florida store.	{{∫ N , # / 1 address	<u>0</u> 2
	N apus		, Florida <u>34</u>	105 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 = M $AMBR = M$	Hanager Authorized Member	0.7	
<u>Title</u>	Name	Address OCT 12 PH 3: 22	Type of Action
MGR	Virgilio Vasacrez	2347 Pinemails CIR	Zį Add
		Napus T-1	□Remove
		34105	□Change
Ambr	Jenni Fer Vasauez	2347 Pinewoods cir	
		Naglis Fl	□Remove
		34105	□Change
MGR_	Cheistopher Carson	2890 Poinciana St	🗆 Add
		Nade: FI	Remove
		34105	□Change
			🖾 Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change

	
	21 OCT 12 PH 3: 22
_	
_	
_	
_	
-	
_	
_	
_	
_	
_	
_	
-	
-	
_	
-	
_	
Effecti If an eff	ve date, if other than the 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 t
docum	ent's effective date on the Department of State's records.
e recor	d 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
rd is fil	ed.
Dated	0ctober 8 . 2021.
	Signstory of a member or authorized representative of a member
	Jennis W. Dur
	$\sim 1000 \cdot 1 \cdot 100 \cdot 1100 \cdot 1000 \cdot 10$