117000122463

(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:

Office Use Only



300302490533

08/14/17--01012--015 **25.00

2011 AUS THE A THE 23
SECRETARY OF STATE.

O RRUCE AUG 15 2017

COVER LETTER

TO:	Registration Se Division of Cor					
or'n	ID COT	VPM LL	LC			
SUB	JECT:	Name of Limi	ted Liability Company			
The	enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Pleas	se return all correspo	ondence concerning this matter t	to the following:			
		ALIC	IA SILVIA ROSENBERG			Fee.
			Name of Person			
			VPM 1 LLC			
			Firm/Company			
		1824	46 COLLINS AVENUE			
			Address			
		SU	NNY ISLES FLORIDA 33160	TALI	2817	
			City/State and Zip Code	AHE	7 AUG	T
			rrtaj@mejaccounting.com o be used for future annual report noti	AS:	ยาเ	=
For f	urther information c	oncerning this matter, please ca		HEALT OF ST	и А II: 23	ED
m	arta e jacofsky		305 300-1743 at ()	RID	. 23	
	Name o	f Person		e Telephone Number		
Encl	osed 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 Fit Certificat Certified (additional	te of Sta Copy	atus &

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

VPM 1 LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.)
(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 06/05/2017 and assigned
Florida document number L17000122463	_
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	vility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
	323 S 21st AVENUE UNIT C
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	HOLLYWOOD FLORIDA 33020
Enter new mailing address, if applicable:	323 S 21st AVENUE UNIT C ₹ 🕿
(Mailing address MAY BE A POST OFFICE BOX)	HOLLYWOOD FLORIDA 33026 C
Muning dudiens BIAT BE AT OST OTTICE BOX)	HASS
B. If amending the registered agent and/or registered of	ffice address on our records Tailor Be name of the n
is. It amending the registered agent and/or registered of registered agent and/or the new registered office address here	e:
The second secon	RIO
	ليا مز
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>	Address	Type of Action
			Add
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			□ Change
			□ Remove
			Change
	·		Add
			☐ Remove
			☐ Change
			☐ Remove
			Change 2017 Add Add
			ASSEE CONTROL
			A II: 23
			Remove
			☐ Change

•								•	
									
									_
	 -							_	
			.				71.		
-				-	-				
			·						<u> </u>
					. <u> </u>		TAE	2817	
							LAHA AHA	1 NUG	-11
		,					ASS		-=
							<u> </u>	_ 	<u></u>
				- .			FLO FLO	=	<u> </u>
							RIDA	23	
		** **							
				<u></u>					
ffective date, if other than	the date of	filine:				(ntional)		
an effective date is listed, the date ote: If the date inserted in the	must be specif	ic and cann	ot be prior to	o date of fili	ng or more t	han 90 days	after filing	.) Pursuai	nt to 605,02
ocument's effective date on the	he Departmen	t of State's	s records.	ore statuto.	y ming re	quirements	, uns date	WIII HOI	be fisted
e record specifies a dela The 90th day after the	yed effecti record is fi	ive date, iled.	but not	an effec	tive time	e, at 12:()1 a.m.	on the	earlier
AUGUST 9			17	_ ·					
			ρ						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00