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2021 FEB 28 AM 10: 26 SECRETARY OF STATE

A. BUTLER MAR - 7 2022

COVER LETTER

TO:

TO: Registration So Division of Co				
VIMOD	E LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		FONNY JOMAN		
		Name of Person		
		VIMODE LLC		
		Firm/Company	· · · · ·	
	170	5 EDGEWATER DR, #547702		
Address				
		ORLANDO, FL 32854		
		City/State and Zip Code		
		nyj@hotmail.com	-	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	tification)	
FONNY JOMAN		407 683-070	1	
Name o	f Person	at () Area Code Daytin	ne Telephone 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S		Street Address: Registration Se	ection	
Division of C		Division of Co		
P.O. Box 632	.7	The Centre of	Tallahassee	
Tallahassee, 1	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

VIMOD	E LLC		2021 FEB 28	AM 10: 26
(Name of the Limit	ed Liability Comps (A Florida Limited	iny as it now appears Liability Company)	on our records.) SECRETARY TALLAHAS	OF STATE
The Articles of Organization for this Limited L	iability Company	were filed on FE	BRUARY 22, 2022	and assigned
Florida document numberL17000161031	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the des	ignation "LLC" or the t	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:			***************************************
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:	POID.	1705 EDGEWAT		
(Mailing address MAY BE A POST OFFICE	<u>BUX)</u>			
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our rec	ords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	FONNY JOM	AN		
New Registered Office Address:	1705 EDGEWA	ATER DR, #547702		
		Enter Florid	a street address	
	ORLANDO		Florida <u>3</u>	2854
		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.

2/22/2012

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>	<u>Address</u>	Type of Action
MGR	FONNY JOMAN	3225 GREENS AVE	J Add
		ORLANDO, FL 32804	□Remove
			Change
MGR	PATRICK T. CHANG	1705 EDGEWATER DR, #547702	
		ORLANDO, FL 32854	Remove
			Change
			□Add
			□ Remove
			□Change
			□ Add
		·	□ Remove
			□ Change
			□ Remove
			□ Remove
			□ Change

-	
	
Note: If t	e date, if other than the date of filing:
l is filed.	
ated	February 22 . 20,22. Signature of a member of authorized representative of a member
	4
	7) / / / / / / / / / / / / / / / / / / /
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00