17000104993

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UI	P WAIT	MAIL
	(Business Entity Name)	<u> </u>
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instruction	s to Filing Officer	

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Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE: 10/27/2020	PRIORITY Routine	OUR REF_#_(Order_ID#) 861381

ORDER ENTITY TALK MORE WIRELESS FUND LLC
PLEASE PERFORM THE FOLLOWING SERVICES: TALK MORE WIRELESS FUND LLC (FL)
File the attached amendment and provide a certified copy as evidence.
NOTES: \$55.00 Authorized
RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, October 27, 2020 Page 1 of 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Talk More Wireless Fund LLC	nnany as it now appears on our records	
(A Florida Limit	npany as it now appears on our records. ed Liability Company)	,
The Articles of Organization for this Limited Liability Compa	ny were filed on August 2, 2017	and assigned
lorida document number L17000164993		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited li	ability company here:	
VTP Fund LLC		
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		· 2
		020
		S S
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nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		32 1
. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>enter th</u>	ne name of the new registe
ent and of the new registered office audiess here:		
Name of New Registered Agent:		
Name of New Registered Figure.		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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>	Name	Address	Type of Action
		 	□Add
			□Remove
			☐Change
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			□Remove
			Change
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			SZ □ Remove
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ective date, if other than the	date of filing:	(optional)	
effective date is listed, the date mus	t be specific and cannot be prior to date of fill ock does not meet the applicable statuto	ng or more than 90 days after filing.) I	Pursuant to 605.020
cument's effective date on the De		,	
cord specifies a delayed effective s filed.	e date, but not an effective time, at 12:0	l a.m. on the earlier of: (b) The	90th day after the
October 26	2020		
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Filing Fee: \$25.00