

L17000194604

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AND
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2019 MAY -6 PM 5:29
TAMM, MI, 06

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MAY 20 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VR PROPERTY MANAGEMENT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KRYSTEL FINLEY
Name of Person

VR PROPERTY MANAGEMENT
Firm/Company

1992 SE HIGH SPRING DRIVE
Address

PORT ST. LUCIE, FL 34952
City/State and Zip Code

KRYSTEL@BRIEFHOMES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRYSTEL FINLEY at (786) 878-7445
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

REGISTRATION SECTION
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

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2019 MAY -6 PM 5:30

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VR PROPERTY MANAGEMENT LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on SEPT 19, 2017 and assigned Florida document number L170001946004.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BRIEF HOMES INTERNATIONAL LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2019 MAY -6 PM 5:30
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

KRYSTEL C. FINLEY

New Registered Office Address:

1992 SE HIGH SPRINGS DRIVE

Enter Florida street address

PORT ST. LUCIE, Florida 34952
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.

Krystel C. Finley

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>	<u>Type of Action</u>
<u>MGR</u>	<u>KYLE FINLEY</u> (DO NOT REMOVE)	<u>1992 SE HIGH SPRINGS DR</u>	<input type="checkbox"/> Add
		<u>PORT ST LUCIE, FL 34952</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>KELVIN MILLER</u>	<u>1992 SE HIGH SPRINGS DR</u>	<input checked="" type="checkbox"/> Add
		<u>PORT ST. LUCIE, FL 34952</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2018 MAY 16 PM 5:30
PORT ST LUCIE, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2019 MAY -6 PM 5:30

F. Effective date, if other than the date of filing: MAY 1ST, 2019 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated _____, _____

Kupiec C. Dineen

Signature of a member or authorized representative of a member

KRISTEL C. FINLEY
 Typed or printed name of signer

Typed or printed name of signee _____