## L17000202372

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## **COVER LETTER**

TO:	Registration Se Division of Cor		•	•			
eun irz		DERBIET COMPANY, LLC		,			
SUBJEC	Name of Limited Liability Company						
		Amendment and fee(s) are sub	-				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Roxana Novoa					
	Name of Person						
	VANDERBILT VENTURES TRUST/THE VANDERBILT COMPANY LLC						
	Firm-Company						
		8870 N Himes Ave. Ste 341					
		Address					
	TAMPA, FL 33614						
	City State and Zip Code						
		info@thevanderbiltco.com  E-mail address: (to be used for future annual report notification)					
For furth	er information c	oncerning this matter, please ca	·	Cation)			
Roxana i	Novoa		813 4096909				
-	Name o	(Person	at () Area Code Daytime	Telephone Number			
Enclosed	l is a check for th	ne following amount:					
<b>■</b> \$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 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

The Articles of Organization for this Limited Liability Company were filed on 09/29/2017 and assigned Florida document number 1.17000202372

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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)

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:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_Florida

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 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
MGR	Fabio A Collado	8870 N Himes Ave. Ste 341	<b>≣</b> Add
		Tampa, FL 33614	TRemove
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(If an effective <u>Note:</u> If the	date, if other than the date of filing: e date is listed, the date must be specific and cannot be prior to come date inserted in this block does not meet the applicable s effective date on the Department of State's records.	(optional) ate of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) a statutory filing requirements, this date will not be listed as the
If the record sperecord is filed.	ecifies a delayed effective date, but not an effective time.	at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated <u>July</u>	5 2023	
	Port	
-	Signature of a triember of duthorize	d representative of a member
[	Roxana Novoa as Trustee for The Vanderbilt Ventures	rust (MGR)

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