L17000203099

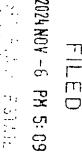
(Red	questor's Name)
(Add	dress)
(Add	dress)
(City	y/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bus	siness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	
	J. HORNE
	DEC - 5 2024





100439129051

11/08/24--01018--014 **25.00



COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
	visors, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	(Amendment and fee(s) are sub	unitted for titing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Adam J. Smith, Esq.		
		Name of Person	
	BizTx Law, P.A.		
	 	Firm/Company	
	11940 S. Baypoint Cir.		
		Address	
	Parkland, Florida 33076		
	asmith@biztxlaw.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report n	otification)
For further information of	concerning this matter, please c	all:	
Adam Smith		954 824-1997	
Name o	of Person	Area Code Dayı	time 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 (acditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration but Division of C		Registration S Division of C	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

FILED

2024 NOV -6 PM 5: 09

V & C Advisors, LLC		
(Name of the Lin	nited Llability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited		
lorida document number L17000203099	··	
nis amendment is submitted to amend the fo	llowing:	
. If amending name, enter the new name	of the limited liability company her	<u>g</u> :
e new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
	·	
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE	F ROV)	
	registered office address on our rec	ande anton the name of the name register
		ords, enter the name of the new registe
		ords, enter the hame of the new registe
		orus, enter the hame of the new registe
ent and/or the new registered office addroined and the Name of New Registered Agent:	<u>ess here</u> :	orus, enter the hame of the new registe
gent and/or the new registered office addr	Victor Sevillano Campalans 5070 N. Ocean Drive, Unit 17B	a street address
	Victor Sevillano Campalans 5070 N. Ocean Drive, Unit 17B	

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
MGR	Victor Sevillano Campalans	5070 N. Ocean Drive, Unit 17B	■Add
		Singer Island, Florida 33404	□Remove
			Change
MGR	Christina Sellart	5070 N. Ocean Drive, Unit 17B	
		Singer Island, Florida 33404	
			⊔Change
			Remove
			□ Change
- 1- 1/2			□ Add
			□Remove
			[]Change
			□Add
			□Remove
			UChange
			□Add
			□Remove
			Change

			
			
		<u> </u>	
			
	, <u> </u>		
		· · · · · · · · · · · · · · · · · · ·	
ective date, if other than the dan effective date is listed, the date must be det. If the date inserted in this block cument's effective date on the Department's effective date deflective date is filed.	k does not meet the applicable artment of State's records.	e statutory filing requireme	ents, this date will not be listed as
October 30	2024		
ed	, 2024	•	
OOMENIA	,	<u>ું</u>	
OOMENIA	gnature of a member or authorize	•	г

Filing Fee: \$25.00