LITOOD 212112

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: VG CAPITAL GROUP 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:
ROSA SARMIENTO Name of Person
VG CAPITAL GROUP LLC.
7050 W. PALMETTO PARK RD. 15-340
BOCA RATON FL 33433 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ROSA SARMIENTO at (561) 900-6226 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Status Solution Solutio

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

ARTICLES OF AMENDMENT

TO

ARTICLES OF ORGANIZATION PIVE SER OF CO.

PIVESON OF CORPORATES

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VG CAPI	TAL C	PROUP	LLC	`
(Name of the Limited	Liability Company as i	t now appears on our re	cords.)	
If amending the registered agent and/or registered office address on our records, enter the name of the new gistered agent and/or the new registered office address here: Name of New Registered Agent:				
The Articles of Organization for this Limited Liab	ility Company were	filed on 10/1.	3/2017	and assigned
Florida document number L 17 000 2	212112			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	<u>ie limited liability c</u>	ompany here:		
COMPLETE STUD	ENT LOA	AN HELP	LLC	
The new name must be distinguishable and contain the word	ls "Limited Liability Co	mpany," the designation "	LLC or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicab	le:	5650 Ca	imino I	<u> 201</u>
(Principal office address MUST BE A STREET	ADDRESS)	unit 401	+	
		Zoca Ka	ten, F	C33433
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	• • • • • • • • • • • • • • • • • • •	Jane a	above	
				•
		address on our rec	ords, enter the	name of the new
Name of New Registered Agent:				1-1
New Registered Office Address:	5650	Enter Florida street au	Dul	501 # 404
	Boca Ra	1	, Florida	33433 ip 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member **Address Type of Action Title** <u>Name</u> Rosa Sarmiento 5650 Camino Del Sol □ Add ☐ Remove ☐ Change _□ Change ☐ Remove ☐ Change

☐ Remove

Change

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Filing Fee: \$25.00