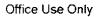
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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
		





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C Kinsey

COVER LETTER

TO: Registration Division of C		,	•
	ontractors LLC		
	Name of Li	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
	Valeriano M Alvarez		
	<u> </u>	Name of Person	
	VMA Contractors LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	286 N jackson Street		
		Address	
	Freeport, FL 32439		
		City/State and Zip Code	
	E-mail address:	(to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	,
Valeriano M Alvarez		850 3072265	
Nume	of Person	at ()	: 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)
MAIL	JNG ADDRESS:	STREET/COUDE	SD ADDDESS.

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 OF

VMA Contractors LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records. imited Liability Company))
The Articles of Organization for this Limited Liability Cor	mpany were filed on 010/30/2017	and assigned
Florida document number L17000223681		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDRE	SS)	2 2
		7019
		F 5 5 71
Enter new mailing address, if applicable:		29
(Mailing address MAY BE A POST OFFICE BOX)		SE A M
		- F5
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	ed office address on our records, ss here:	enter the name of the n
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
Now Begistered Agent's Commence is the state of the state	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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Gerarld Overhult	139 70th Street Nicevill, FL 32578	
			
		□ Remove	
			☐ Change
			
		□ Remove	
			Change
- -			
	-	Remove	
			Change
			☐ Remove
			Change
		Add	
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			Change
			Remove
			Change

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Note:	ive date, if other than the date of filing:
the rec) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	22 August 2019
	Val Mal,
	Signature of a member or authorized representative of a member
	Valeriano M Alvarez

Page 3 of 3

Filing Fee: \$25.00