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(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE
DIVISION OF CORPORATION

18 MAY 24 PM 1: 58

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COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT: VC	ONE LLC			
	Name of Limit	ed Liability Company		
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.		
Please return all corresponde	nce concerning this matter to	o the following:		
	NAZIN	1 ALI Name of Person		
			DLDING GROUP I	LLC
	1087 H	IDDEN HA	RBOR LANE	
			iDA 34746	
-	E-mail address: (to	be used for future annual re	eport notification)	
For further information conce	erning this matter, please ca	II:		
NAZIM A Name of Per	L i	at (<u>203</u>) Area Code	550 – 54 25 Daytime Telephone Number	_
Enclosed is a check for the fo	ollowing amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of S	Status & /

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 OF

VCONELLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL18000111295	were filed on May 3, 2018 and ass	igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:		_호
(Principal office address MUST BE A STREET ADDRESS)		7 <u>381/</u> 338/
Enter new mailing address, if applicable:	MAY 24 PI	RETARY OF
		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	 	<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		of the new
	City , Florida 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 added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	NAZIM ALI	1087 HIDDEN HARBOR L	ANFO Add
		KISSIMMEE, FL 34746	Remove
			Change
MGR	BLUE HORIZON F	HOLDING GROUP LLC	Add
		1087 HIDDENHARBORL	ANE Remove
		KISSIMMEE, FL 34741	<u>⊘</u> □ Change
			Remove
			Change
		☐ Remove	
			Change
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May	22,		<u>2</u>	2018	<u>, </u>						
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