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COVER LETTER

TO: Registration Se Division of Cor	ection porations		-
VCP WILD	DLIGHT III, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
			•
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DANAH LEWIS		•
		Name of Person	
	VARDEN CAPITAL PRO	PERTIES, LLC	
	····	Firm/Company	 건
	2110 POWERS FERRY R	D SE, SUITE 150	238
		Address	
	ATLANTA, GA 30339		25.7
		City/State and Zip Code	
	ADMIN@VCPLP.COM		
		to be used for future annual report notifica	mion)
For further information of	oncerning this matter, please or	all:	•
TRACE MCCREARY		917 685-0083	
Name o	of Person		elephone Number
Enclosed is a check for the	he following amount:		-
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (add:tional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/COURIES Registration Section	R ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VCP WILDLIGHT III, LLC		
(Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on MAY 9, 2018	and assigned
Florida document number L18000116928		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	•
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
		ν 2
Enter new mailing address, if applicable:		en en
(Mailing address MAY BE A POST OFFICE BOX)	-	: ≯
		<u>ශ</u>
		0
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		enter the name of the ne
		_
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
	, Flori	
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	TRACE MCCREARY	2110 POWERS FERRY RD SE	
		STE 150	
		ATLANTA, GA 30339	Change
MGR	SEA HOLDINGS, LLC	3060 PEACHTREE RD NW	
		STE 1830	□ Remove
		ATLANTA, GA 30305	
			-
			Remove
			- □ Change
			Remove
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Filing Fee: \$25.00