118000125592

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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09/17/18--01015--028 **25.00

FILED

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SEP 20 2018

COVER LETTER

TO: Registration Division of C			•
	erage, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Kyle Krumm		
		Name of Person	
	V 3 Capital Group		
		Firm/Company	
	1009 Maitland Center Con	imons Blvd, Suite 209	
	-	Address	
	Maitland, FL 32751		
	····	City/State and Zip Code	
	admin@v3capgroup.com		
	E-mail address: (to be used for future annual report notif	fication)
For further information	concerning this matter, please ca	all;	
Kyle Krumm		580 478-7000 at ()	
Namo	e of Person	Area Code Daytim	: 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)

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

V 3 Brokerage, LLC	
(Name of the Limited Liability Company a (A Florida Limited Liabi	as it now appears on our records.) Hity Company)
The Articles of Organization for this Limited Liability Company we Florida document number L18000125592	re filed on 05/18/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	v company here:
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains the w	Company," the designation "LLC" or the abbreggation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	72 -
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	F1
	, Florida City Zin 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>	Address	Type of Action
OWNR	Carrie Vick	1009 Maitland Center Commons Blvd, Suite 209	
		Maitland, FL 32751	■ Remove
			Change
OFF	Jeff Cabrera	1009 Maitland Center Commons Blvd. Suite 209	□ Add
		Maitland, FL 32751	
			Remove
			☐ Change
OFF	John C. Vick. III	1009 Maitland Center Commons Blvd, Suite 209	Add
		Maitland, FL 32751	□ Remove
			Remove
			Change
		<u> </u>	□ Add
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			Change
			☐ Remove

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if other than the date of filing:	.020° d as
cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie by after the record is filed.	r o
2018	
Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00