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FILING CANCELLED
DUE TO RETURNED CHECK

SECRETARY OF STATE TALL AHASSEE TI ORIDA

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COVER LETTER

FILING CANCELLED DUE TO RETURNED CHECK

	Registration Section Division of Corpora				DUE TO RETURNED
SUBJEC	r:	DP	62007	LLC	
,		_	Name of Lin	nited Liability Company	
The enclo	osed Articles of Ame	ndment a	nd fee(s) are sub	omitted for filing.	
Please ret	turn all corresponden	ce conce	rning this matter	to the following:	
	-		STEVE	Name of Person	Poll
	_		VDP	GROUP LCC Firm/Company	
	_		330	84TH STRE	ET APT Y
	-		MIAN	N BEACH City/State and Zip Code	FLORIDA, 33141
		≤T	EVEN VI.	POLLE GMA (to be used for future annual)	IL - COM report notification)
For furthe	er information conce	ning this	matter, please c	all:	
	Name of Pers	N D	FR Poll	at ()	2513980 Daytime Telephone Number
Enclosed	is a check for the fol	lowing a	mount:		
\$25.0	00 Filing Fee	\$30.00 I	filing Fee &	□ \$55.00 Filing Fee &	≅ □ \$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VDP GROUP LLC	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) nability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on()\u2018_21 \u2018_ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
79.	
The new name must be distinguishable and contain the words "Limited Liabilitienter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the abbreviation con. L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Title Name <u>Address</u> Type of Action 330 847 KEVIN VAN DER POLL MGR STREET ☐ Remove FILING CANCELLED MIAMI BEACH TO 33141 DUE TO RETURNED CHECK _ Add ☐ Remove 8 Remove g ØĐ ☐ Change □ Add □ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove

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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of fili e: If the date inserted in this block does not meet the applicable statutor	
ument's effective date on the Department of State's records.	my ming requirements, this date will not be liste
record specifies a delayed effective date, but not an effec	ctive time, at 12:01 a.m. on the earlie
he 90th day after the record is filed.	
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Stevenlan	D. 4/1
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Page 3 of 3

Filing Fee: \$25.00