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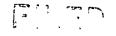
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## **COVER LETTER**

(additional copy is enclosed) Certified Copy		Registration Se Division of Cor			
Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  RENATA ALCANTARA  Name of Person  ACCOUNTING PLUS PROFESSIONAL SERVICES, INC  Firm/Company  10850 MOORE DRIVE  Address  PARKLAND, FL 33076  City/State and Zip Code  RENATAALC@HOTMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  RENATA ALCANTARA  954  9131520  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array}	SHD IEC	/=·			
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Mailing Address:  Registration Section  Street Address:  Registration Section					ction
Division of Corporations Division of Corporations	E	Division of C	orporations	<del>-</del>	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



VC FERREIRA SERVICE LLC		122 FEB <b>-</b> 7	AM 11:23
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our da Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability of Florida document number L18000144372		1	T STATE TELET FL and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
VF BUILDERS & RENOVATION, LLC			
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	on "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	(RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		enter the name	of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	t 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, 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
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fective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blocked becament's effective date on the Department.	be specific and cannot be priced to does not meet the applications.	or to date of filing or mor	(optional) te than 90 days after filing requirements, this date	.) Pursuant to 605.020
record specifies a delayed effective is filed.	date, but not an effective	time, at 12:01 a.m. or	the earlier of: (b) Th	ne 90th day after the
FEBRUARY, 03	. 2022			
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