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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GOMES INSURANCE & ACCOUNTING CORP

Account Number : I20200000161 Phone : (954)531-1451 Fax Number : (954)697-0677

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VF BUILDERS & RENOVATION, LLC

Certificate of Status	0	
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Page Count	05	
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Corporate Filing Menu

Help

From: Reneta Alcantere

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VF BUILDERS & RENOVATION, LLC			
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.). inbility Company)		
The Articles of Organization for this Limited Liability Company vi Florida document number L18000144372	were filed on 06/11/2018	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company " the designation "I I C" or the abbour	isting "I C"	
	ity company, the designation race of the sources	ianon wrc	
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)			
		A VENE	
		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	·	= 10	
		<u>, </u>	
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B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	ddress on our records, <u>enter the name of</u>	the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Florida		
	City 2	ip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	performance of my duties, and I am fami	liar with and	

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

From: Renata Alcantara

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>	Name	Address	Type of Action
MGR	RAPHAEL C FERREIRA	751 CYPRESS LANEAPARTMENT K	
		DEERFIELD BEACH, FL 33064	≅ Remove
			□Change
AMBR	MAYARA CARNIATO DA SILV.	751 CYPRESS LANEAPARTMENT K	BAdd
		DEERFIELD BEACH, FL 33064	□Remove
			Change
			ÜAdd
			□Remove
			□ Change
			□Add
			Remove
			Change
	·		□Add
			□Remove
			[] Change
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			□Remove
			□ Change

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Effective date, if other than the if an effective date is listed, the date many material in this bedocument's effective date on the I	lack does not meet the	applicable statute	ng or more than 90 days ry filing requirements	after filing.) Pursuant to 6	505.0207 isted as.
e record specifies a delayed effecti rd is filed.	ve date, but not an effe	ective time, at 12:0	a.m. on the earlier o	f: (5) The 90th day a	fter the
	2024	•			
Dated		· · · · · ·			