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

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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Se Fernandez Name of Person
Firm/Company
11111 Heron Day Blud Apt 4822
Coral Springs FL 33076  City/State and Zip Code
13-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at Assa Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee 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

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(Name of the Limited Liability Compan (A Florida Limited L.	2019 DEC - 2 PH 3: 4
The Articles of Organization for this Limited Liability Company of Florida document number <u>LVSOOZYTO</u> TS	were filed on the 22, 18 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile  VCGA  The new name must be distinguishable and contain the words "Limited Liabile  Enter new principal offices address, if applicable:	ents L.L.C
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O Box 772776 Coral springs FL 33077
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Acquisition Agent.	ered Agents Inc
New Registered Office Address: (90)	Enter Florida street address  Petersburg, Florida 33707  City Zip Code
Nam Desistant Apont's Signature if changing Registered Apont:	

New Registered Agent's Signature, it 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, name, and address of each person\_being added or removed from our records:</u>

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
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<u>te:</u> If the date inse	er than the date of fi d, the date must be specific ted in this block does n late on the Department	not meet the applic	able statutory filing	(option ore than 90 days after (i requirements, this o	nal) iling ) Pursuant to 605 0207 date will not be listed as
	a delayed effectiver the record is file		ot an effective ti	me, at 12:01 a.	m, on the earlier o
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		7	7		
	Sizhanie	of a member or much	orized representative	of a member	<del></del>

Page 3 of 3

Filing Fee: \$25.00