## \* L19000000635

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

Division of C	Corporations
V&R De	evelopment LLC
	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filling.
Please return all corres	spondence concerning this matter to the following:
	Vitalina Krammel
	Name of Person
	V&R Development LLC
	Firm/Company
	4779 Collins Ave, apt 1606
	Address
	Miami Beach, FL, 33140
	City/State and Zip Code
	vitalinakrammel@gmail.com
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
Vitalina Krammel	305 985816
Name	at (
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:

TO:

**Registration Section** 

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&R Development LLC			
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on conited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on 12/26/20	018and	assigned
Florida document number L19000000635			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	tion "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u></u>		<u> </u>
			<u> </u>
			与一
Enter new mailing address, if applicable:			13. E1
Mailing address MAY BE A POST OFFICE BOX)			至
		<u></u>	
		<u>ਂ</u>	<del></del>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our	records, enter the nar	me of the nev
egasered agent arrayor dik hew registered orner address	s nei e.		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	eet address	
<del></del>		, Florida	
	City	Zip Co	ode

## 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>	<u>Addr<del>e</del>ss</u>	Type of Action
MGR	Vitalina Krammel	4779 Collins Ave, apt 1606, Miami Beach, FL, 33140	<b>=</b> Add
	<del></del>		
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			Change
			Remove
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ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date o	(optional)
te: If the date inserted in this block does not meet the applicable state	tutory filing requirements, this date will not be listed
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an el	ffective time at 12:01 a.m. on the earlier
The 90th day after the record is filed.	receive diffe, de 12.01 d.m. on the carrier
ied	
MMU	
Signature of a member or authorized re	presentative of a member

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Filing Fee: \$25.00