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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name)	-
(Dc	ocument Number)	
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COVER LETTER

TO:

Registration Section
Division of Corporations

Division of Cor	•	,		
SUBJECT: VIP	Residential & Name of Lim	Commercial Constituted Liability Company	truction LLC	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	Mitchel Prov	Name of Person		
		Firm/Company		
	11213 Thick	et Ct Address		
	tampa FL,	3 3 6 2 4 City/State and Zip Code		
	mprouty 93 E-mail address:	City/State and Zip Code Com to be died for future annual report not	ification)	:3
For further information c	oncerning this matter, please co			
Mitchel P Name o	rout y f Person	at (<u>813</u>) <u>407</u> – Area Code Daytin	7829 ne Telephone Number	- - -
	'			ć
Englosed is a check for the \$25.00 Filing Fee	ne following amount: \$\Boxed{\Boxesia} \\$30.00 \text{Filing Fee & Certificate of Status}	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &
Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 ussec FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	on orations	

Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{4/22/2019}{}$ and assigned
Florida document number L19000109435	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
	Ç.
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, enter the name of the ress here:
Name of New Registered Agent:	
New Registered Office Address:	
To the granded of the grand of	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 will 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 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
AMBR	Mitchel Prouty	11213 Thicket CT	■ Add
	,	11213 Thicket CT Tampa, FL 33624	Remove
			Change
			Add
			Remove
			Change
			Remove
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			□ Add
			Remove
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Filing Fee: \$25.00