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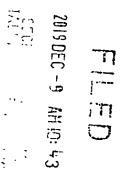
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: VSOP 306 LLC 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:
Victor D Santiago Name of Person
VSOP 305 LLC Firm/Company
20432 NW 7th ct
City/State and Zip Code VSOP305 mani a awall-con E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Victor D. Santiago at 786, 899. 1999 Name of Person Area Code Daytime Telephone Number
inclosed is a check for the following amount:
\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VSOP 305 LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{April 25, 2019}{25, 2019}$ and assigned Florida document number $\frac{L19000112729}{25, 2019}$
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)
019
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
<u> </u>
1. The state of th
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
New Peristand Acast's Simon is a series of the
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

Title	Name	Address	Type of Action
MGR	Augustina Santia	go 20432 NW 7+h Ct	□Add
		Mami FC 33169	XRemove
			□Change
AL		Victor D- Santiago	/X (Add
		20432 NW 7th Ct	
		Miami FL 33169	□Change
			□Add
			□Remove
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			□Add
			□Remove
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			□Remove
			Change
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			_ □Change

Page 2 of 3

D. If an	nending any other	r information,						py.)
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E. Effect	ive date, if other	than the date o	of filling: _	国			(optional)	
11010.	ii the date miscred	in mis plock dod	es not meet	the applica	o date of filir ble statutor	ng or more than 9 v filing require	0 days after filing.) Pursuant to 605.0207 (3) will not be listed as the
dосил	ent's effective date	on the Departme	ent of State	's records.		,8	The Late	will not be listed as the
If the red (b) The	cord specifies a 90th day after	delayed effect	tive date	e, but not	an effect	tive time, at	12:01 a.m.	on the earlier of:
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Dated	Novemb	er 29		2019				
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