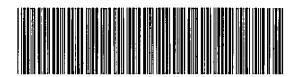
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(Address)
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## **COVER LETTER**

SUBJECT:	VCM PROFESSIONAL SER	VICES LLC	
	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	VERUSK	HA C, MANTILLA	
		Name of Person	
	VCM PROFESSIONAL SI	ERVICES LLC	
		Firm/Company	
	729 W LAS OLAS BLVD	APT 02	
	-	Address	
	FORT LAUDERDALE, FL	. 33312	
	MASTERACCTG@YAHO	City/State and Zip Code O.COM	
	E-mail address: (t	o be used for future annual report	notification)
For further information co	oncerning this matter, please ca	II:	
VERUSKHA C MANTII	LA	305 5106406	
Name of	Person	Area Code Day	ytime Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	S30.00 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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

VCM PROFESSIONAL SERVICES L	LC	
(Name of the Limited )	Liability Company as it now appears on our records.) Florida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liabi Florida document number L19000134412	lity Company were filed on 05/17/2019	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	_
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX		2019 AUG 26 AI 8:
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>en</u> address here:	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Florida	
	Ciņ	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 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>Address</u>	Type of Action
MGR	PATRICIA PINEDA	729W LAS OLAS BOULEVARD	
		APT 02	
		FORT LAUDERDALE, FL 33312	Remove
		PORT LAUDERDALE, FL 33312	☐ Change
			Change
<del></del>			Add
			Remove
			<b>5</b> 0
			□ Change
			Remove
			<b>-</b>
		<del></del>	Change
			D Add
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			D Add
			☐ Remove
			Change

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	08/01/2019
Note	ctive date, if other than the date of filing:  (optional)  (ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)  (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	AUGUST 20 , 2019
	Signature of a member or authorized representative of a member
	Verus KH9 Mantilla

Page 3 of 3

Filing Fee: \$25.00