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	Requestor's Name)	
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	City/State/Zip/Phone #)	
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PICK-UP	WAIT	MAIL
	(Business Entity Name)	
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Certified Copies	Certificates of	Status
Special Instructions	to Filina Officer:	
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S. YOUNG



COVER LETTER

	Registration Sec Division of Corp			
eun ir <i>c</i> a		ing Services, LLC		
SUBJEC	ı:	Name of Lim	ited Liability Company	
The enclo	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspon	ndence concerning this matter	to the following:	
		Minh Cao		
			Name of Limited Liability Company fee(s) are submitted for filing. by this matter to the following: Name of Person	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		9330 Meadow Hunt Way		
			Address	
		Winter Garden, FL 34787		
			City/State and Zip Code	
				notification)
For furthe	er information co	oncerning this matter, please co	all:	
Minh Cae)			
	Name of	Person	Area Code D	aytime Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres Registration S		Street Addre Registratio	
	Division of C			Corporations

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

VMC Building Services, LLC

(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears ida Limited Liability Company)	on our records.)	202
The Articles of Organization for this Limited Liability Florida document number	•	05/20/2019	and assigned.
This amendment is submitted to amend the following:			PH 7:
A. If amending name, enter the new name of the line VMC Ventures, LLC	mited liability company her	<u>re</u> :	. 22
The new name must be distinguishable and contain the words "L	imited Liability Company," the de	signation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here		cords, <u>enter the</u>	name of the new registere
Name of New Registered Agent:	,		
New Registered Office Address:	Enter Flori	da street address	
		, Florid	a
	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 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 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
			□Add
			□Remove
			□Change
			□Add
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ffective date, if other an effective date is listed, the lote: If the date inserted ocument's effective date.	I in this block does r	not meet the app	licable statutor	g or more than 90 y filing requiren	(optional) days after filing.) Potents, this date wi	irsuant to 605,020 If not be listed a
record specifies a delayer is filed.	ed effective date, but	t not an effective	e time, at 12:01	a.m. on the earl	ier of: (b) The 9	0th day after the
February -		2021	·			
		- M				
			<u> ~ ~ </u>			
	Signature	of a member or a	ithorized represe	ntative of a memb	er	