119000144730

(Re	equestor's Name)	
(Ad	dress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

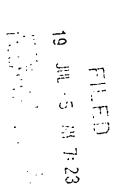
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JUL 1 6 2019 S. YOUNG



COVER LETTER

	egistration So vision of Co			
A	VCMS Gro			
SUBJECT	:	Name of Lin	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Josh Nattress		
		<u> </u>	Name of Person	· - ·
		VCMS Group LLC		
			Firm/Company	
		100 Corey Ave		
		<u>-</u>	Address	
		St. Pete Beach, Florida 33	706	
		josh@CLRgroup.co.uk	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further	information c	oncerning this matter, please c	all:	
Brad Marcl	iant		727 906 9425	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	he 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 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

VCMS Group LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records Liability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liability Company	were filed on 06/07/2019	and assigned
lorida document number 1.19000144730		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC"	
nter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
		· [T]
nter new mailing address, if applicable:	100 Corey Ave	
Mailing address MAY BE A POST OFFICE BOX)	St. Pete Beach, FL 33706	- 12
		,
If amending the registered agent and/or registered of gistered agent and/or the new registered office address her		, enter the name of the
Name of New Registered Agent:		
	-	
New Registered Office Address:	Enter Florida street address	<u> </u>
	. Flo	orida
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Bradley Marchant	405 85th Ave St. Pete Beach, FL 33706	■ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			∩ Add
			Remove
			Change
			
			Remove
			Change
			Add
		~·	Remove
			Change
			Add
		-	Remove
			Change

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		-		
E. Effective date, if other than the date of (If an effective date is listed, the date must be specif Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable	date of filing or more than 90 of e statutory filing requirem	(optional) days after filing.) Pursuant to 605.02e ents, this date will not be listed a	07 (3) as the
f the record specifies a delayed effecti b) The 90th day after the record is fi		in effective time, at 1	.2:01 a.m. on the earlier	of:
Dated 1 19				
) CHANCE		ed representative of a membe		
Signature	or a member or aumonz	ed representative of a membe	1	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00