L19000/63065

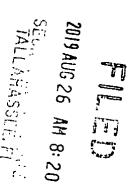
(F	Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
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Special Instructions t	to Filing Officer:	
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Office Use Only



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August 14, 2019

VIRTUDES J SANCHEZ 672 GRAND BLVD DEER PARK, NY 11729

SUBJECT: VJS PROPERTIES LLC

Ref. Number: L19000163065

We have received your document for VJS PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please add an title for Virtudes j Sanchez. If your are trying to remove Sucre B Ramirez please remove that person on its own line.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood Regulatory Specialist II

Letter Number: 019A00016745

COVER LETTER

Division of Cor	porations		
SUBJECT: VJS	5 PROPERTIES Name of Limited	Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are submi	tted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	VIRTUDES	J. SANCHA	EZ
	VJS PROP	ERTIES LL Firm Company	<u></u>
	672 GK	AND BLUL Address	2
	<u>ب</u>	City/State and Zip Code City/State and Zip Code be used for future annual report notifi	1/729 (M) (cation)
For further information c	oncerning this matter, please call	:	
VIRTUDES Name o	J. SANCHEZ of Person	at (<u>631</u>) <u>91+6</u> Area Code Daytime	-3805 Telephone Number
Enclosed is a check for t	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

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

VIS PROPERTIES 116
(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 $\sqrt{9-20-20/9}$ and assigned Florida document number $\sqrt{19000/63065}$.
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 "LLC"
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
, Florida
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 adde or removed from our records:

MGR = Mar AMBR = Aut	nager horized Member		
Title	<u>Name</u>	Address	Type of Action
MGR	VIRTUDES J. SANCHEZ	672 GRAND BLUD DEEL PAKE, N	
		SUCRE B. RAMIREZ	Remove
	,	DEEL PAUC, N.Y. 11729	□ Change
AMBR	VIRTUDES J.S	DEEL PARIC, N.Y. 11729 ANCITEZ G72 GRAND BLVD.	I Add
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Effect	tive date, if	other than t	the date of t	filing:				(optie	onal)	
Note:	If the date i	listed, the date inserted in this ve date on the	block does	not meet th	e applicable	te of filing or . statutory fili	more than S ng require	0 days after ments, this	tiling.) Pursy s date will n	aant to 605,0207 iot be listed as
		fies a delay after the r			but not an	effective	time, a	: 12:01 a	a.m. on th	ne earlier of
Dated	18-	5-1	0]- · —	·					
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			Signature	or a member	e er aumonzee	representativ	e or a men	W.C.I		
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00