

L19000176717

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)417-5583

From: Account Name : REAL DREAMS USA LLC
Account Number : 1282200000065
Phone : (786)418-1297
Fax Number : (786)216-0501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VERTICE PLUS, LLC

Certificate of Status	0
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2024 JUN -3 PM 1:57
TALLAHASSEE, FLORIDA

RECEIVED
2024 JUN -3 AM 10:06
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

K. SALY
JUN - 4 2024

ARTICLES OF AMENDMENT (((H24000193904 3)))
TO
ARTICLES OF ORGANIZATION
OF

VERTICE PLUS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
 (A Florida Limited Liability Company)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/18/2019 and assigned
 Florida document number L19000176717.

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:

6490 GRIFFIN ROAD

(Principal office address MUST BE A STREET ADDRESS)

SUITE 101

DAVIE, FL 33314

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

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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>	<u>Type of Action</u>
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