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(Re	questor's Name)				
(Ad	dress)				
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(Cit	y/State/Zip/Phone	: #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				





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COVER LETTER

TO: Registration Section

Division of Co	orporations		
TANTHU	IMB LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	RIADH FAKHOURY		
		Name of Person	
		Firm/Company	
	3110 SE 17TH CRT		
		Address	
	OCALA, FL 34471		
		City/State and Zip Code	
	FAKHOURY7@GMAIL.C E-mail address: (OM to be used for future annual report no	tification)
For further information	concerning this matter, please c		
RIADH FAKHOURY		352 207-0123	
Name	of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for	the 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 Addro Registration		Street Address: Registration Se	ection
Division of	Corporations	Division of Co	prporations
P.O. Box 63 Tallahassee,		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our reconnited Liability Company)	rds.)			
The Articles of Organization for this Limited Liability Com Florida document number <u>L20000053608</u>	ability Company were filed on TANTHUMB LLC				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	l liability company here:				
VP 170 LLC					
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		22. 22			
(Principal office address MUST BE A STREET ADDRES	<u></u>	2			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		## 3			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	ffice address on our records, <u>ente</u>	er the name of the new reg			
New Registered Office Address:	Enter Florida street addr	ess			
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Change
			□Remove
			Change
		_	Remove
			Change PH Record Displayed Display
			□Remove
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ctive date, if other t effective date is listed, the	han the date of e date must be speci	filing: fic and cannot	be prior to da	te of filing or r	nore than 90 da	(option	al) ing.) Pu	rsuant to	605.02
e: If the date inserted iment's effective date	in this block does	not meet the	e applicable	statutory tilir	ig requiremer	its, this j	ate wil	l not be	listed
ord specifies a delayed filed.	I effective date, b	ut not an effe	ective time, a	at 12:01 a.m.	on the earlier	of: (b)	The 90)th day :	after th
FEBRUARY 22		2020) 						

Typed or printed name of signee