

(Requestor's Name)	
(Address)	
(Address)	
(1881.656)	
(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Loomed Limit, 1947)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special instructions to Fining Officer.	

Office Use Only



100337128021

100337128021 11/13/19--01994--017 **55.00

19 49V 19 KH 4: 18

2013 NOV 1.3 P

Ģ,

₩

C. C. 1 :

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

VC LP 1 LLC			-
			-
			4
	<u> </u>		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by: seth	11/18/19		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
Malle Le			UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

COVER LETTER

	Registration So Division of Cou			
SUBJEC	VC LP 1 L	LC		
SUBJEC	I •	Name of Lim	ited Liability Company	······································
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please rett	ım all correspo	ndence concerning this matter	to the following:	
		LILIANA V AVELLAN, I	BSQ.	
		LILIANA V AVELLAN P	Name of Person .A.	
		9950 SW 107 AVENUE, S	Firm/Соптрапу ТЕ 204	
		MIAMI FL 33176-2767	Address	
		LA@LAPALAW.COM	City/State and Zip Code	
		E-mail address: (1	o be used for future annual report not	ification)
For further	r information o	oncerning this matter, please ca	iH:	
Liliana V.	Avellan		305 271-3760 at ()	
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed i	s a check for th	e 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: 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

VC LP I LLC	——————————————————————————————————————
(Name of the Limited Liability C (A Florida Lir	Company as it now appears on our records:
The Articles of Organization for this Limited Liability Com	npany were filed on 11/06/2019
Florida document number L19000266785	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l 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:	
(Principal office address MUST BE A STREET ADDRES	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of the new
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	
	Enter Florida street address
	Enter Florida street address , Florida City Zip Code

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	DELGADO, JULIO	801 Bella Vista Coral Gables FL 33156	Add
			Remove
			☐ Change
MBR	VC GP LLC	801 Bella Vista Coral Gables FL 33156	□ ∧dd
			☐ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			☐ Change
			Add
		- 1-00-1-01-1-01-1-1-1-1-1-1-1-1-1-1-1-1	Remove
			Change
		<u></u>	
		<u></u>	□ Remove
			Change

		<u> </u>		
				
			· · · · · · · · · · · · · · · · · · ·	
	-	-		
				
				
·				
				
				
				
				
				
Effective date, if other than th	e date of filing:		(optional)	
If an effective date is listed, the date many in the date inserted in this bedocument's effective date on the I	ist be specific and cannot block does not meet the	be prior to date of filing applicable statutory	or more than OA days after filing	\ Primingle to 605 0207 (2)
ne record specifies a delaye The 90th day after the rea	d effective date, toord is filed.	out not an effectiv	e time, at 12:01 a.m.	on the earlier of:
November 18	2019			
	, <u>/</u> :	7		

Page 3 of 3

Filing Fee: \$25.00