# 1267063

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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### CAPITAL CONNECTION, INC.

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

VC CVS 8275 LLC	С			
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-		· · · · · · · · · · · · · · · · · · ·	-	
				Art of Inc. File LTD Partnership File
				Foreign Corp. File
			1	L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
			<u></u>	Annual Report / Reinstatement
			<b>✓</b>	Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
			<u> </u>	Fictitious Search
Signature		··		Fictitious Owner Search
				Vehicle Search
		<del></del>		Driving Record
Requested by: BA	11/27/19			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
Walle for	\$\$7*14 mar a mar			UCC 11 Retrieval
Walk-In	Will Pick Up	<del></del>		Courier

#### **COVER LETTER**

Division of C			
VC CVS SUBJECT:	8275 LLC		
3000001.	Name of L	imited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	abmitted for filing.	
Please return all corresp	condence concerning this matte	er to the following:	
	LILIANA V AVELLAN	, ESQ.	
	LILIANA V AVELLAN	Name of Person	
		Firm/Company	
	9950 SW 107 AVENUE	STE 204	
	MIAMI FL 33176-2767	Address	
	LA@LAPALAW.COM	City/State and Zip Code	
		(to be used for future annual report notif	fication)
For further information of	concerning this matter, please of	cail:	
LILIANA V AVELLAN	ı	305 271-3760 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne 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 OTHER NOV 27 P (2013)

VC CVS 8275 LLC (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 11/06/2019 \_\_\_\_\_ and assigned Florida document number L19000267063 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VC CV 8275 LLC 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 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 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

#### 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member Title Name <u>Address</u> Type of Action □ Add \_□ Remove \_\_ Change \_ Remove \_□ Change \_\_ Remove \_\_ Change \_□ Add \_\_\_\_\_ Remove \_\_\_\_\_ Change \_D Add \_□ Remove \_\_\_\_\_ Change □ Add \_□ Remove

\_□ Change

date, if other than the date of filing:(optional) ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
d specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of the day after the record is filed.
VEMBER 27 2019
12/
Signature of a member or authorized representative of a member
\ i

Page 3 of 3

Filing Fee: \$25.00