K2000000 2394

(R	Requestor's Name)
(A	ddress)
Α)	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only

A. RIVERS

JAN 3 1 2023



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10/20/22--01019--016 ++25.00

SECRETARY OF STATE



January 12, 2023

JAY JWAD 240 NW 25TH ST. MIAMI, FL 22127

SUBJECT: VGM CONSTRUCTION HOSPITALITY LLC

Ref. Number: L20000002394

We have received your document for VGM CONSTRUCTION HOSPITALITY 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Alecia Rivers Regulatory Specialist II

SECRETARY OF STATE

Letter Number: 923A00000850

COVER LETTER

TO:

Registration Section

Division of Cor	porations			
	struction Hospitality LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jay Jwad			
		Name of Person		
	VGM Construction Ho	spitality LLC		
		Firm Company		
	240 NW 25th st			
		Address		
	Miami FL 22127			
	in the down it are	City/State and Zip Code		
	jayjwad@gmail.com E-mail address: (to be used for future annual report not	ilication)	
For further information c	oncerning this matter, please c	all:		
Jay Jwad		267 6649449		
Name o	f Person	at () Area Code Daytin	ic 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 tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)	
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	· · · · · · · · · · · · · · · · · · ·
(<u>Name of the Limited Liability Co</u> (A Florida Linn	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L2000002394</u> .	any were filed on Docember 20-2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
Vanguard Field Engendering Services ELC	
The new name must be distinguishable and contain the words "Limited L	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	240 NW 25th ST Miami FL 33127 unit 703
(Principal office address MUST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	TARY DASS
B. If amending the registered agent and/or registered offingent and/or the new registered office address here: Name of New Registered Agent:	المستعبد المستعد المستعد المستعد المستعد المستعبد المستعبد المستعبد المستعب
agent and/or the new registered office address here:	TARY DASS
	TARY CE STATE

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. Thereby 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
			lAdd
			TRemove
		□Change	
			□Remove
			□Remove
			CChange
	4 - 200		
		□Remove	
]
			DRemove
		TChange	
			≟ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	<u> </u>
-	
(H'an ef <u>Note:</u>	ive date, if other than the date of filing:
the recor ford is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	1-20-2023
	Jay Jwad
	Typed or printed name of signee

.

Filing Fee: \$25.00