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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
		
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Special Instructions to	Filing Officer:	
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A. BUTLER APR 1 0 2022

COVER LETTER

TO:

Registration Section

Division of Co	rporations	•	
SUBJECT:	V & A LLC		
SUBJECT.	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	7	CORAIDA GAVIRIA	
		Name of Person	
		V& A LLC	
		Firm/Company	
	52	0 NW 96TH TERRACE	
		Address	
	Pf	EMBROKE PINES, FLORIDA 3.	8024
		City/State and Zip Code	
		OGARU@YAHOO.COM	
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
ZORAIDA GAV	IRIA	786 217-8555	
Name	of Person	at ()	me Telephone Number
Enclosed is a check for	the following amount:		
S25.00 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 Addre Registration		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 63:		The Centre of	
Tallahassee,	トレ シスシナー	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAR 31 AM 6: 33

V&A	LLC	
(Name of the Limited Liabil	ity Company as it now appears on our record a Limited Liability Company)	BECRETARY OF STATE
(A Florid	a Limited Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability C	Company were filed on 01/06/2020	and assigned
florida document number 1.20000013225		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
JAMA & G LLO	c	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	ed office address on our records, enter	the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
res registeres office radicas.	Enter Florida street addre	33
	F	lorida
	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 = M $AMBR = A$	anager uthorized Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Remove
			⊡Change
			□Remove
			□Remove
			Change
		-	□Add
			□Remove
			⊡Change
	<u></u>		
			□Remove
			□Change

	ne of the Limited Liability Company is:	
NEW	NAME OF THE CORPORATION: JAMA & G	LLC
		
		
		
	01/22/2022	
Tective date, if other the	nan the date of filing:	(optional) ng or more than 90 days after filing.) Pursuant to 605.0207
ote: If the date inserted i	this block does not meet the applicable statutor	y filing requirements, this date will not be listed as t
ocument's effective date (in the Department of State's records.	
record 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
is filed.		
JANUARY 22	2022	
ated		
	Faranda Garina	,
	Francia Januar &	
	Signature of a plember or authorized centere	ntstive at a member
	Signature of a number or authorized represe	intative of a member

Filing Fee: \$25.00



RECEIVED

2022 MAR 31 AM 7:54

SECRE WAY OF STATE TALLAHASSEE, FL

February 8, 2022

V & A LLC 520 NW 96TH TERRACE PEMBROKE PINES, FL 33024

SUBJECT: V & A LLC

Ref. Number: L20000013225

We have received your document for V & A 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.

Anissa Butler Regulatory Specialist II

Letter Number: 022A00003110