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COVER LETTER

Division of Cor	porations			
SUBJECT:	VC Pight Cyco	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	La'Drise G	Name of Person		
		Firm/Company		
	7378 Over1	arr Royk Blyd Address		
	Jacksonvil		DR.	
	1000180 - 01080 E-mail address: (1	to be used to future annual report notific	<u> ladaiscal</u> bsan@live	right
For further information e	oncerning this matter, please ca	all:		<u>,</u>
LOMIST C	ilbson f Person	at (QD4)Area Code Daytime	2724 e Telephone Number	
Enclosed is a check for th	ne following amount:		:: :::2	STONE OF STO
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed)	STATE

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

LIVE PIGNIE Creci	IT IIC.
(<u>Name of the Limited Limited Limited</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000052900</u> .	Liability Company) were filed on FCh 17 th , 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
NIA	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7378 Overland Park Blud
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32244
Enter new mailing address, if applicable:	7378 Overland Park Blvd
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32244
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent: NAA	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 th 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 This page is N/A

<u>Title</u>	<u>Name</u>	Address	Type of Action
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(If an effect Note: If	tive date, if other than the date of filing:
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	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 l.
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