# LZO 0000 68685

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
(City/State/Zip/Phone #)  (City/State/Zip/Phone #)  (PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Requestor's Name)	
(City/State/Zip/Phone #)  (City/State/Zip/Phone #)  (PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 17, 2020

VANESSA CASTRO 4802 51ST STREET W APT 211 BRADENTON, FL 34210

SUBJECT: ONE VC LLC Ref. Number: L20000068685

We have received your document for ONE VC LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Susan Tallent Regulatory Specialist II

Thankyou

Letter Number: 220A00025658

#### **COVER LETTER**

TO		gistration Sec vision of Corp			
cin	o rezer	ONE VC LI			
301	BAECT:			ited Liability Company	
The	enclosed	d Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Plea	ise return	all correspor	idence concerning this matter t	to the following:	
			VANESSA CASTRO		
				Name of Person	
			~ ~		
				Firm/Company	· · · · · · · · · · · · · · · · · · ·
			4802 51ST STREET W AF	PT 211	
				Address	
			BRADENTON, FL 34210		
			<del></del>	City/State and Zip Code	<del></del>
			E-mail address: (t	o be used for future annual report notif	ication)
For	further is	nformation co	oncerning this matter, please ca	ill:	
VA	NESSA	CASTRO		941 587-9489 at () Area Code Daytime	
		Name of	Person	Area Code Daytime	Telephone Number
Enc	losed is a	a check for th	e following amount:		
<b>9</b>	\$25.00 F	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

> RECEIVED NOV 1 2 2020

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE VC LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000068685</u> .	were filed on 03/05/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
V PARTNER SOLUTIONS LLC		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	2722 MANATEE AVE W SUITE 2	~
Principal office address MUST BE A STREET ADDRESS)	BRADENTON, FL 34205	-5
		1
Inter new mailing address, if applicable:	4802 51ST STREET W APT 211	P
Mailing address MAY BE A POST OFFICE BOX)	BRADENTON, FL 34210	<u>ئ</u> ن
·		-5
<ol> <li>If amending the registered agent and/or registered of egistered agent and/or the new registered office address her</li> </ol>		the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

. . . . . . **4** . . . .

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>Address</u> Type of Action <u>Title</u> <u>Name</u> □ Add □ Remove \_\_\_\_\_\_ Change ☐ Remove \_\_\_\_ Change ☐ Remove \_ Change \_□ Add \_□ Remove \_□ Change \_□ Add □ Remove \_ Change ☐ Add

\_\_\_\_\_ Remove

\_\_\_\_\_ Change

	11/01/2020
E. Effe	ctive date, if other than the date of filing:
	effective 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 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ment's effective date on the Department of State's records.
If tha r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	ie 90th day after the record is filed.
` ,	
Date	NOVEMBER 6 $\int$ 2020
Date	· · · · · · · · · · · · · · · · · · ·
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Typed or printed name of signee

Filing Fee: \$25.00