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COVER LETTER

TO: Registration S Division of Co			
VP Creati	ve Consulting		
SUBJECT:	Name of Lim	ited Liability Company	70
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	20 NGR 27 PM 2:20
Please return all corresp	ondence concerning this matter	to the following:	
	Venette Pierre		
		Name of Person	
	VP Creative Consulting		
		Firm/Company	
	4578 Holly Lake Drive		
	•	Address	
	Lake Worth, FL 33463		
	venette@vpcreativeconsulti	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	
Venette Pierre		561 346-4524 at ()	
Name	of Person	Area Code Daytime	c Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Second Division of Core The Centre of Tallahassea. FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	TO	
ARTIC	CLES OF ORGANIZATION	
	OF	20
		70
VP Creative Consulting		
(<u>Name of the Limited</u> (A	l Liability Company as it now appears on our rec V Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liab	bility Company were filed on March 26, 202	and assigned
Florida document number L20000090162	 .	•
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "I	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
(Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or reg agent and/or the new registered office address in Name of New Registered Agent: New Registered Office Address:	gistered office address on our records, <u>en</u> t	ter the name of the new registered
New Registered Office Address:	Enter Florida street ada	Iress
	City	Florida Zip Code
New Registered Agent's Signature, if changing Reg	·	iap cone
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the region company has been notified in writing of this change in the company has been notified in writing of this change.	and complete performance of my duties, ered agent as provided for in Chapter 60 gistered office address, I hereby confirm	and I am familiar with and 5, F.S. Or, if this document is
	If Changing Registered Agent, <u>Signatu</u>	re of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Venette Pierre	4578 Holly Lake Drive	■Add
		Lake Worth, FL 33463	Remove
			□Change
			□Add
			[☐ Remove
			□Change
			DAdd
			□Remove
			☐ Change
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Page 2 of 3

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ffective date, if other than the	date of filing:	(option	al)
an offective date is listed, the date mu:	st be specific and cannot be prior to dat	te of filing or more than 90 days after fil statutory filing requirements, this d	ing.) Pursuant to 605.0207 ate will not be listed as
ocument's effective date on the D			
		effective time, at 12:01 a.r	n. on the earlier o
The 90th day after the rec	ord is filed.		
April 22	2020		
ated			
	1	>	
	1111		
	Signature of a member or authorized	representative of a member	·
Venette Pierre	Signature of a member or authorized	representative of a member	

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Filing Fee: \$25.00