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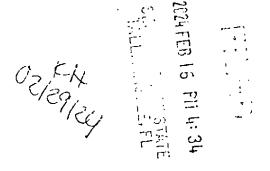
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Showcase		be amended to VCF Managemented Liability Company	nt Company, LLC)
	Amendment and fee(s) are sub	_	
r case return an correspo	-	to the following.	
	Carol Frattura	Name of Person	
		, , , . ,	
	VCF Management (Company, LLC	
		Firm/Company	
	28976 Smugglers La	ine	
	20070 01114561013 121	Address	
	Punta Gorda, FL 3	3982	
		City/State and Zip Code	
	c.frattura@showcas	edental.net	
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please c	all:	r-3
Carol Frattura		at (941) 456-1560	
Name of	f Person	/	Telephone Number
Enclosed is a check for th	e following amount:		P
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Staffus & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		<u>Street Address:</u> Registration Sect	tion
Division of C		Division of Corn	

Division of Corporations 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

Showcase Dental Laboratory, LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears or Liability Company)	our records.)					
The Articles of Organization for this Limited Liability Company Florida document number	were filed onN	May 1, 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:						
VCF Management Company, LLC							
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the desig	nation "L.L.C." or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	n/a						
(Principal office address MUST BE A STREET ADDRESS)							
Enter new mailing address, if applicable:	28976 Smugglers Lane						
(Mailing address MAY BE A POST OFFICE BOX)	Punta Gorda, FL 33982						
		图 · 图 · 图					
		5					
B. If amending the registered agent and/or registered office a	address on our reco	rds, enter the name of the new registere					
agent and/or the new registered office address here:		型 :					
		101, III					
Name of New Registered Agent:	n/a	35					
New Registered Office Address:		·					
	Enter Florida .	street address					
		Florida					
	Cuy	Zip Code					
New Registered Agent's Signature, if changing Registered Agent:							
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha _j	duties, and I am familiar with and pter 605, F.S. Or, if this document is					

n/a

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
	n/a		□ Add
			Remove
			□Change
			□Add
			□Remove
			□Change
		W-01-04-1-04-1-04-1-04-1-04-1-04-1-04-1-	□Add
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effective dat	e is listed, the date ite inserted in th	e must be specif	ic and cam	iot be prior to	o date of filing	g or more tha	n 90 days after	r filing.) Pur	suant to 60	5.020
ument's eff	ective date on the	he Departmen	t of State	s records.	oic statutory	rining requ	nements, un	s date will	not be its	tea a
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Filing Fee: \$25.00