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cults un com		ME STYLE LLC	•	. •
SUBJECT:	·	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		JOSE A FORNIELES		
			Name of Person	
		V.M.F. HOME STYLE LI	LC	
			Firm/Company	
		11325 CENTER LAKE D	RIVE UNIT 2109	
			Address	
		WINDERMERE FLORID	A 34786	
			City/State and Zip Code	
		fornielestito@gmail.com E-mail address: (to be used for future annual report not	tification)
For further	information c	oncerning this matter, please or	•	
JOSE A FO	ORNIELES		561 3329762	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00	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)
	ailing Addres		<u>Street Address:</u> Registration Se	ection
Di	ivision of C	orporations'	Division of Co	rporations

Registration Section Division of Corporations' P.O. Box 6327 Tallahassee, FL 32314 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 . OF

V.M.H. HOME STYLE LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/15/2020	and assigned
Florida document number L2000132412		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:	11325 CENTER LAKE DRIVE UNIT 2109	
(Principal office address MUST BE A STREET ADDRESS)	WINDERMERE FLORIDA 34786	_
		021
		每一
Enter new mailing address, if applicable:	11325 CENTER LAKE DRIVE UNIT 2109	FILE
(Mailing address MAY BE A POST OFFICE BOX)	WINDERMERE FLORIDA 34786	2 0
· -		
		: 00
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the name of</u>	the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Placida	
	City 7	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LUIGI MONTEFUSCO	11403 CITRA CIRCLE APT 206	□Add
		WINDERMERE FLORIDA 34786	🖃 Remove
			□Change
MGR	MARIA E VALDERRAMA	11325 CENTER LAKE DRIVE UNIT 2109	≘ Add
		WINDERMERE FLORIDA 34786	□Remove
			□Change
			Remove
			
			□A@B
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ective date, if other than the date of filing:	(optional)
neffective date is listed, the date must be specific and cannot be prio te: If the date inserted in this block does not meet the appli	r to date of filing or more than 90 days after filing.) Pursuant to 605.02 cable statutory filing requirements, this date will not be listed
cument's effective date on the Department of State's records	i.
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ecord specifies a delayed effective date, but not an effective t is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
JANUARY 05 2021	
ted	
2050 A-t	norized representative of a member

Filing Fee: \$25.00