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(Requestor's Name)		
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(City/State/Zip/Phone #)	-	
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(Business Entity Name)		*.
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COVER LETTER

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Name of Limited Liability Company
Name of Limited Liability Company
e(s) are submitted for filing.
this matter to the following:
I, STANISLAV
Name of Person
ENTS CO., LLC
Firm/Company
AL HWY 640
Address
ERDALE, FL 33301
City/State and Zip Code
@GMAIL.COM
ail address: (to be used for future annual report notification)
er, please call:
786 329-2268
at () Area Code Daytime Telephone Number
at:
g Fee &
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

OF

VS INVESTMENTS CO., LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 06/12/2020 and assigned
Florida document number L20000161927	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
STANISLAV VERBYTSKYI. LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	100 N FEDERAL HWY 640
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE, FL 33301
Enter new mailing address, if applicable:	100 N FEDERAL HWY 640
(Mailing address MAY BE A POST OFFICE BOX)	FORT LAUDERDALE, FL 33301
 	
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the name of the new regist</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	Emer Florida street address
	rmer r tortaa street aaaress
	, 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 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
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		 	□Remove
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ecord specifies a delayed effects filed.	tive date, but not an effective	time, at 12:01 a.m. on th	ne earlier of: (b) The 90th d	ay after the
April 4	2024			
tod April 9	•	 *		
ted April 4	- A			
ted	Signature of a member or aut	horized representative of a	member	

Filing Fee: \$25.00