

L20000201999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

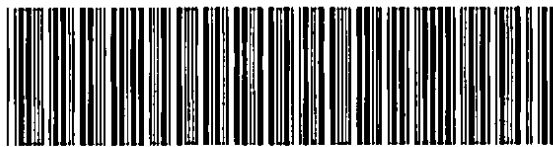
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

10/26

Office Use Only



700354068607

10/29/20--01020--019 \*\*25.00

11/2/20

*Car*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VGSTANDARD LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Themistoulis Valinakis  
Name of Person

VGSTANDARD LLC  
Firm/Company

5525 N Military Apt. 1303  
Address

Boca Raton, FL, 33496  
City/State and Zip Code

thevgstandard@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Themistoulis Valinakis at (786) 786-867-4178  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

*Free.*  
*10/12/16*

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: VGSTANDARD LLC

**SECOND:** The Florida Document number of the limited liability company is: L200000201999

**THIRD:** Document to be corrected is Electronic Articles of Organization

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The incorrect statement is the name of the Authorized Person,  
VAINAKIS, THEMISTOKLIS, as it should be: VALINAKIS,  
THEMISTOKLIS. There is a missing L in the name in the Articles of Organization

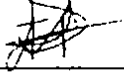
**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_


**OR**

The electronic transmission of the record was defective.

 10/29/2020  
Signature of Authorized Representative Date

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**New Registered Agent's Signature, if changing Registered Agent:**  
*hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the revisions 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.*

  
Registered Agent's Signature

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**