20000239727

(Red	uestor's Name)	
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(City	/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bus	iness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 03/29/2021		**WALK	<i>[N**</i>
ENTITY NAME ILANTEC	LLC		
DOCUMENT NUMBER			
	PLEASE FILE THE ATTACHED AND RETURN		
xxxx	Plain Copy Certified Copy	,	*57
	Certificate of Status		
P[EASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY		
	Certified Copy of Arts & Amendments		
	Certificate of Good Standing		
	APOSTILLE' / NOTARIAL CERTIFICATION		
COUNTRY OF DESTINATION	DN		
NUMBER OF CERTIFICAT	ES REQUESTED		
TOTAL OWED \$25.00	ACCOUNT #: I20160000072		
Please call Tina at the	above number for any issues or concerns. Thank you so mo	ach!	

COVER LETTER

TO: Registration S Division of Co			
iLANtec	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Shama Stepp c/o ZenBusi	ness PBC	
		Name of Person	
	ZenBusiness PBC		
		Firm/Company	
	5900 Balcones Dr., Suite :	5000	
		Address	
	Austin TX 78731		
		City/State and Zip Code	
	fulfillment@zenbusiness.co	om (to be used for future annual report notification)	
For further information	concerning this matter, please c	•	
Shama Stepp	,	844 493-6249	
Name	of Person	at () Area Code Daytime Teleph	one Number
Enclosed is a check for	the 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)
Mailing Address Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporation The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 32303	ssee et, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ILAINICU LILC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	·····
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Swelling Sellipung,	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number 1.20000239727		
Tortua document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Very Good PC Services Company LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
D		
Enter new principal offices address, if applicable:	•	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		**
		P)
R. If amanding the registered exect and/on registered office		بين <u>ن</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	ame of the new register
agent und of the new registered office address here.		
		8:05
Name of New Registered Agent:		
		•
New Registered Office Address:	P. P. L. L.	···
	Enter Florida street address	
	, Florida	
	City	Zin Code

New Registered Agent's Signature, if changing Registered Agent:

IL AND LLC

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 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
			□ Adđ
		 	□Remove
			□Add
			□Remove
			□Change
			□Add
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fective date, if other than the un effective date is listed, the date mu	e date of filir	ig:	r to date of filing	or more than 00 d	_ (optional)) Pursuant to 605	0201
ote: If the date inserted in this b	lock does not	meet the applic	cable statutory	filing requireme	ents, this date	will not be liste	:d as
ocument's effective date on the I	Department of	State's records					
ecord specifies a delayed effecti is filed.	ve date, but no	it an effective t	ime, at 12:01 a	.m. on the earli	erof:(b) Th	ie 90th day after	the
, 03/26		2021					
ated			 '				
ated							
/s/ Cory J Todd						<u></u>	
ated			orized represent	ative of a member	r		

Filing Fee: \$25.00