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Y. SCOTT OCT 1 5 2023

COVER LETTER

ΓΟ: Registration Se Division of Cor				
SUBJECT: Va	ntage Man	de LLC		
	J Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Victor	ia Barla		
	110101	Name of Person		
	vantage	P Made LLC Firm/Company	· · · ·	DIVIS 2023
	7950 p	ark Blvd N #	7311	DIVISION OF CORPORATIONS 2023 OCT -3 PM 3: 14
	Pinellas F	Oark FL, 33 City/State and Zip Code O Vantage more on the used for future annual report not	781	PH 3: IL
	Victoria E-mail address: (1	Q Vantage mo	ade.com	₹ X
For further information c	oncerning this matter, please co			
Victoria P	Barla	at (407) 840 Area Code Daytin	-0559	
Name o	d Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	\$60.00 Filing For Certificate of Sta Certified Copy (additional copy is e	atus &
Mailing Address		Street Address:		
Registration S Division of C		Registration Se Division of Co		
Division of C	•	The Course of	-	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vantage B	wit LLC	
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our reco orida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabilit	ty Company were filed on <u>8/28</u> / 179.16	2020 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the Vantage Mad The new name must be distinguishable and contain the words		I C" as the abbreviation "I I C"
		EC. Of the abbieviation E.E.O.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2	SECRETARY DIVISION OF CO
B. If amending the registered agent and/or registe agent and/or the new registered office address her		er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	ress	
_	City	FloridaZip Code
	Ciņ	Zip Cour

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
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f an effective date i Note: If the date	f other than the date of slisted, the date must be speci inserted in this block does tive date on the Departmen	ific and cannot be prisoner the app	ior to date of filing (licable statutory f	or more than 90 days Iling requirements.	after filing.) Pur	suant to not be	605.0207 listed as
e record specifies ed is filed.	a delayed effective date, b	out not an effective	e time, at 12:01 a.	m. on the earlier o	f: (b) The 90	th day a	after the
Dated 9/	27/2023		 .				
	1						
	Signatur	re of a member or at	whorized representa	tive of a member		_	-

Filing Fee: \$25.00