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To:

Division of Corporations

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Account Number : I20220000023 Phone : (800)221-2972

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VCP ST. AUGUSTINE, LLC

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M. SOLOMON

JUN 18 2024

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

VCP ST. AUGUSTINE, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now uppears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company		and assigned
Florida document number L20000325452		Ü
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company I sha Jairi Vi Vi Vi Company I sha Jairi Vi	
Enter new principal offices address, if applicable:	mry Company," the designation "EEC" or the	: abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		10 * 0.
•		
Enter new mailing address, if applicable:		7.3. 70. 05
(Mailing address MAY BE A POST OFFICE BOX)		70 636
N. W4		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	uddress on our records, <u>enter the ns</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
AND	Enter Florida street address	
***************************************	—, Florida _	
New Registered Agent's Slopature If changing party	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>	Name	Address	Type of Action
MGR	Trace McCreary	2110 Powers Ferry Road, Suite 150	
		Atlanta, GA 30339	□Add
MGR	VCP-Tellus, LLC	2110 Powers Ferry Road, Suite 150	u ·
		Atlanta, GA 30339	
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record specifies a delayed effect is filed.	tive date, but not an ef	ffective time, at 12	:01 a.m. on the ear	ier of: (b) The 90th day	after the
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