L20000340887

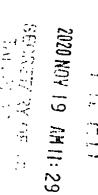
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500355240115

11/19/20--01014--011 **25.00



LH. 12/22/20

COVER LETTER

Div	ision of Cor	pogations	و مخبر مو	v - • • •	
CIID IEZT.		ROKE PINES, LLC	•	•	
SUBJECT:	Name of Limited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Thamara Perez			
			Name of Person		
		Tabadesa Associates Inc			
			Firm/Company	*	
		419 W 49 Street, STE 111			
			Address		
		Hialeah, FL 33012			
			City/State and Zip Code	<u>.</u>	
		tammyp@tabadesa.com			
		E-mail address: (to be used for future annual report not	ification)	
For further in	iformation c	oncerning this matter, please co	all:		
Thamara Per	rez		305 558-0622		
Name of Person			ne Telephone Number		
Enclosed is a	check for th	ne following amount:			
≘ \$25.00 F	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:		Street Address:	anti a m		
	gistration S ision of C	Section orporations	Registration So Division of Co		
). Box 632		The Centre of		

Tallahassee, FL 32314

TO:

Registration Section

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VS PEMBROKE PINES, 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 $\frac{10/27/2020}{10/27/2020}$ and assigned Florida document number _L20000340887 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regis agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ˌ City

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 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, <u>enter the title, name, and address of each person_being or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Actio
MGR	JEWEL M. ABDUL BASET	10800 PINES BLVD., SUITE 11	□Add
		PEMBROKE PINES, FL 33026	□Remove
-			□Add
			□Remove
			□Change
			□Add
			□Remove
			C)Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
		<u></u>	□Add
			□Remove
			□Change

				-			
,				<u></u>			
			<u> </u>				
		<u> </u>					
,					 _		
,							
					.		
				_			
		<u> </u>					
•							
					 -		
Effect	tive date, if oth	er than the date o	of filing:		((optional)	
Note:	If the date insert	l, the date must be spected in this block does ate on the Department	es not meet the app	dicable statutory i	or more than 90 days filing requirements	after filing.) Pursuant , this date will not	to 605.02 be listed
e reco		ayed effective date.	but not an effectiv	e time, at 12:01 a.	.m. on the earlier o	f: (b) The 90th da	y after th
			2020				
ord is ti	November 13		·				
ord is ti	November 13	3	· · - 	 -			
ord is fi	November 13	Signatu	re of a member or a	uthorized representa	itive of a member		— <u>-</u>

Filing Fee: \$25.00