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## COVERTEELER

то:	Registration Se Division of Cor			
C1115 112	Vick J & E	# LLC		
SUBJE	CT:		ed Liability Company	
The one	losed Anicles of	Amendment and feets) are subn	uitted for filing	
Please r	etum all correspo	ndence concerning this matter to	o the following	
		Cassia Felix		
			Name of Person	
			Firm Company	
		5040 NW 56th Street		
		Coconut Creek, Florida 330	Address 973	
		cassiarcastin@gmail.com i-mail address au	City State and Zip Code  o be used for future annual report notifi	cation)
For furt	her information c	oncerning this matter, please ca	II	
Cassia	Felix		561 843-3090	
	Name o	r Person	at ()	Telephone Number
Enclose	ed is a check for th	ne following amount		
<b>■</b> \$25	500 Filing Fee	\$30 00 Filing Fee & Certificate of Status	1 \$55.00 Filing Fee & Certified Cupy (additional copy is enclosed	\$00 (0) Filing Fee. Certificate of Status : Certified Copy (additional copy is enclose
	Mailing Address Registration S Division of C P O Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Sec Division of Corp The Centre of T; 2415 N. Monroe Tallahassee, FL	norations allahassee Street, Sinte 810

## TO ARTICLES OF ORGANIZATION OF

Vick J & E 4, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany (
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L20000347545</u>	on 11-2-2020 and
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
The new name must be distinguishable and contain the words. Limited Liability Company  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	." the designation "LLC" or the abbreviation
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 agent and/or the new registered office address here:	our records, enter the name of the
Name of New Registered Agent	
New Registered Office Address  Fig. 1. See East Control of the Con	ner Florida street akkress
	Florida

## 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 ec provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this d being filed to merely reflect a change in the registered office address, I hereby confirm that the limited ha company has been nonfied in writing of this change.

Citi

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Typ
AMBR	Cassia Felix	5040 NW 56th Street	=
		Coconut Creek, FL 33073	C
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an cti lote:	ive date, if other than the date of filing:  11-2-2020  (optional)  fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.
ecor is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th dated.
ited	gora R. Fehr
	Signature of a member or authorized representative of a member  Cassia Felix
	Typed or printed name of signee