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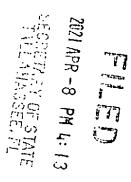
(Requestor's Name)
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration S Division of Co			
	ome Services LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Victor Chuquihuaccha		
		Name of Person	
		Firm/Company	
	18715 SW 312th ST		2021 APR -8 PM 4: 13 SECRETARY SEES TATE STATE
		Address	
	Homestead , FL 33030		PH L
		City/State and Zip Code	1.12
	vicochu30@gmail.com	to be used for future annual report noti	1
For further information	concerning this matter, please of		
Edwin Chuquihuaccha		786 752 5972	
Name	of Person		ne Telephone 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 Addr Registration		Street Address: Registration Se	ction
Division of	Corporations	Division of Co	rporations
P.O. Box 63		The Centre of T	Fallahassee e Street, Suite 810
Tallahassee.	. rl 32314	2410 in. ivionro	c Succt. Suite 610

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VAC Home Services LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records (Liability Company)	<u>.</u>)
he Articles of Organization for this Limited Liability Compan	y were filed on 11/19/2020	and assigned
lorida document number <u>1. 20000366409</u>		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	bility company here:	
VAC Painting Services LLC		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		3 3
Principal office address MUST BE A STREET ADDRESS)		
		- 07 - II
Enter new mailing address, if applicable:		75 -
Mailing address MAY BE A POST OFFICE BOX		m
3. If amending the registered agent and/or registered office	e address on our records, <u>enter t</u>	the name of the new registe
gent and/or the new registered office address here:		
Name of Nam Registered Agents		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	v.mer r tortaa street adaress	
-		rida
	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 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
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			□Remove
			□ Change
			□Add
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fective date, if other than in effective date is listed, the date ote: If the date inserted in the cument's effective date on the	is block does not	meet the applic	cable statutory i	or more than 90 days Tling requirements	optional) rafter filing.) Pu s. this date wil	rsuant to 605 not be list	5.02 ted :
ecord specifies a delayed effe is filed.	ective date, but no	ot an effective t	ime. at 12:01 a.	m. on the earlier o	of: (b) The 90	th day afte	er th
monday, A	pril 5th	2021	<u>'</u> -				
ited							
nted		WHA	to ho	tive of a member			

Filing Fee: \$25.00