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(Requestor's Name)
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COVER LETTER

Division of Cor	porations		
SUBJECT: VC		fional Service ited Liability Company	s, LCC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Vanessa	Name of Person	Yarce
		Firm/Company	
	1603	NE 2nd AVR	# 303
		City/State and Zip Code O 19 @ Ho + Mail to be used for future annual report notif	
For further information c	oncerning this matter, please c	all:	
Vanessa Name o	Baquere Yare	at (631) 636 Area Code Daytime	-6.598 Telephone Number
Enclosed is a check for the	ne 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 Address:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

VC International (Name of the Limited Liability Co (A Florida Limit	Services, LLC Impany as it now appears on our records.) Interview Converge.
	pany were filed on 12/01/2°2° and assigned
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 I Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	23 R
	9 5 5 5 S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offagent and/or the new registered office address here:	ice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:

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
MGR	Jean C. Cruz	3940 NW 794 AV	<u>€</u> XAdd
		#112	□ Remove
		Deral FL 33166	□ Change
			🗆 Add
			□ Change
			□ Add
			□ Remove
			Change
			□ Add
			□Remove
_			
			🗆 Add
			🗔 Remove
	•		□Change
			🗆 Add
			□ Remove
			□Change

Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.0207 (Note: [If the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.0207 (Note: [If the date is listed is searced in this block does not meet the applicable statutory filing requirements, this date will not be listed as to do the date on the Department of State's records. [If the date is listed will not be listed as to determine the date of the da		
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		1/ Long