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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

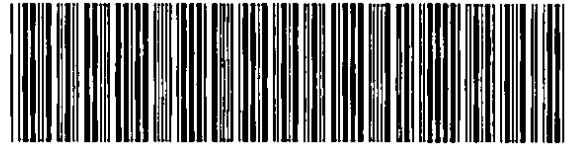
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2021 DEC 13 AM 7:50

FILED

O SIMMONS  
DEC 15 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 23, 2021

VESTA BROWN  
18503 PINE BLVD  
STE 310  
PEMBROKE PINES, FL 33029

SUBJECT: VAAG ENTERPRISE, LLC  
Ref. Number: L21000030898

We have received your document for VAAG ENTERPRISE, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

SUBMITTED WRONG FORM TO ADD A MEMBER TO FLOIDA LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 421A00028401

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: VAAG ENTERPRISE, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VESTA BROWN

\_\_\_\_\_  
Name of Person

VAAG ENTERPRISE, LLC

\_\_\_\_\_  
Firm/Company

13031 NW 1ST STREET # 206

\_\_\_\_\_  
Address

PEMBROKE PINE, FL 33028

\_\_\_\_\_  
City/State and Zip Code

VMUR.BROWN@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VESTA BROWN

786 2886464  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime 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 Address:**

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**

2021 DEC 13 AM 7: 50

VAAG ENTERPRISE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company) **STATE OF FLORIDA  
TALLAHASSEE, FL**

The Articles of Organization for this Limited Liability Company were filed on 01/09/2021 and assigned  
Florida document number L21000030898.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

13031 NW 1st Street

# 206

Pembroke Pine, FL 33028

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

13031 NW 1st Street

# 206

Pembroke Pine, FL 33028

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

, Florida

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	VESTA BROWN	13031 NW 1ST ST APT# 206 PEMBROKE PINES, FL	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PRESTON BROWN	13031 NW 1ST ST APT# 206 PEMBROKE PINES, FL	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Adding Authorize Member and Updating address

Please NOTE—that a 25# money ORDER  
WAS previously submitted, but the  
INCORRECT FORM WAS sent.  
I made necessary correction.


**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an 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 (3)(b).

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 3, 2021.



Signature of a member or authorized representative of a member

Vesta Brown

Typed or printed name of signer