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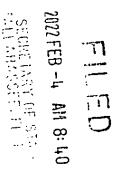
(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
	J. HORNE	:
	J. HOMAS FEB 10 2022	2
		<u> 2/4</u>

Office Use Only



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RECEIVED

2022 FEB -4 AM 8: 02

SECRETARY OF STATE TALLAHASSEE, FL

January 18, 2022

ANDREW BROCKWAY 304 FERDINAND CIR VIRGINIA BEACH, VA 23462 US

SUBJECT: VDC IGNITE, LLC Ref. Number: L21000032921

We have received your document and check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Jasmine N Horne Regulatory Specialist II

Letter Number: 322A00001344

COVER LETTER

Division of C			
SUBJECT:	VDc	C IGNIT	ELLC
Nar	me of Florida Limited Part	nership or Limited Liability	Limited Partnership
The enclosed Certific	cate of Amendment an	d fee(s) are submitted	for filing.
Please return all corre	espondence concernin	g this matter to:	
And	LTOW Brockw Contact Person	1ay	
V)	C IGNII Firm/Company	£	
	04 Ferdinand Address		
Virg	i Na Beach Vity, State and Zip Code	14,23462	
E-mail address: (to	City, State and Zip Code L/Q 1.5+C 10.5 be used for future annual to	SAGENTS, COM	
	on concerning this ma		
AMTEW Name of Contac	Brackway et Person	at (757) 8 Area Code and Dayt	22-8292 ime Telephone Number
Enclosed is a check f	or the following amou	ınt:	
☐ \$52.50 Filing Fee	☐S61.25 Filing Fee and Certificate of Status	□S105.00 Filing Fee and Certified Copy	<u> </u>
Mailing Address: Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231		Street Addre Registration S Division of C The Centre of 2415 N. Mon Tallahassee	Section Corporations f Tallahassee roe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F/LED 2022 FEB -4 AH 8: 40

(<u>Name of the Limited Lial</u> (A Flor	DC T bility Company as d	UNITE MOW Appears OF	LLC n our records.)	SECRETARY OF STATE
(A Flor The Articles of Organization for this Limited Liability Florida document number	y Company were			2024nd assigned
This amendment is submitted to amend the following:	:			
A. If amending name, enter the new name of the li	imited liability c	ompany here:	:	
The new name must be distinguishable and contain the words "LE nter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		npany," the desig	unation "LLC" or	the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registe agent and/or the new registered office address here		ss on our reco	rds, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	<u>Cha</u>	1CE	Clau	159
New Registered Office Address:		Enter Florida	street address	
	C	ity	, Florid	aZip 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.

I 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 Title Address Type of Action Name Cydley Reagan 200 Booth of Svite D DAdd DEMAN BRACH FL 32174 Remove __ Change Mgr Charce Clauss 200 Booth od Svite 17 and Orward Beach, FL 32V-Remove Mgr Andrew Brockupy 30H Ferdinand Ciro and VA Beach, VA 23462 Remove ____ □Change □Add Remove _____ __ __ __ Add □Remove

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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m effec <u>ote:</u> Ti	e date, if other than the date of filing:
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th d.
ited _	2,02,2022 Dans 1/2-0
	Signature of a thember or applicative of a member
	Dayala - Harr

Filing Fee: \$25.00