L21000091910

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5/21

COVER LETTER

TO:

TO: Registration So Division of Cor			
	FLORES, III LLC		
SUBJECT:	Name of Lim	nited Liability Company	<u>.</u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	WILLIAM FLORES		
	-	Name of Person	
			2021 APR
		Firm/Company	
	8206 N GRADYAVE		719
	<u> </u>	Address	
	TAMPA, FL 33614		: :: : : : : : : : : : : : : : : : : :
	INFO@WFTHIRD.COM	City/State and Zip Code	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notifiall:	ication)
WILLIAM FLORES		813 6489000 at ()	
Name c	f Person		: Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30,00 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction
Division of C		Division of Corp	
P.O. Box 632	27	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monro	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Torida document number 1.21000091910		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
VFTHIRD LLC		
he new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LL	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		3 50 th
Theipa office dualess most bis A STREET AID RESSY		9
		OF PR S
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	79.5
		lorida
	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 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
			□Add
			□Remove
			□Change
			□Add
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			Add 77
		(7)	□ Change
			□Add
			Remove
			Change
			□Add
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fan effecti Note: If	e date, if other than the live date is listed, the date must the date inserted in this bl t's effective date on the D	st be specific and o ock does not me	cannot be prior t	o date of filing or ble statutory fil	more than 90 days a	p tional) after filing.) Pursua this date will no	ant to 605,020 of be listed as
e record s rd is filed.	specifies a delayed effectiv	e date, but not a	in effective tin	ne, at 12:01 a.m	, on the earlier of	(b) The 90th	day after the
Dated 4/1	15/2021						
Jaica		•	7.17	- /-			
			/ / [//	<u>.</u>			
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