

L21000111207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

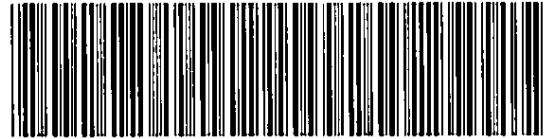
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 NOV 18 AM 11:24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VBP ADVERTISING AND CONSULTING, 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:

JOHN O. KOCHKERIAN, ESQ.

Name of Person

JK LAW, PA

Firm/Company

925 S. FEDERAL HWY. STE. 125

Address

BOCA RATON, FL 33432

City/State and Zip Code

JOHN@JKLAWPA.COM

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

For further information concerning this matter, please call:

JOHN O. KOCHKERIAN, ESQ.

954 818-9795
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

FILED

2022 NOV 18 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FL

VBP ADVERTISING AND CONSULTING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/02/2021 and assigned
Florida document number L21000111207.

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**)

43 S. POWERLINE ROAD, #212

POMPANO BEACH, FL 33069

Enter new mailing address, if applicable:

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

43 S. POWERLINE ROAD, #212

POMPANO BEACH, FL 33069

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:

OROPPEL ACCOUNTING & TAX PA

New Registered Office Address:

43 S. POWERLINE ROAD, #212

Enter Florida street address

POMPANO BEACH

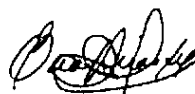
City

Florida 33069

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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SEATTLE
TALLAMASSIE

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2022 NOV 18 PM 3:03
SEATTLE DISTRICT COURT
TALLAHASSEE

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee