L21000 113919

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	·
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only

A. RIVERS
JAN 1 9 2022



300372022383

2022 JAN # PH 12: 17



RECEIVED

2022 JAN 11 AM 10: 09

FLORIDA DEPARTMENT OF STATE
Division of Corporations \$50

SECRETARY LE STATE TAULAHASSEE, FL

Letter Number: 621A00021439

September 7, 2021

STEPHENS GEOMSKI ANTRWAN 1315 ARONOMINIK DR. MOUNT DORA, FL 32757

SUBJECT: VVT VENTURES LLC Ref. Number: L21000113919

We have received your document for VVT VENTURES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

Registration Section

Division of Cor	porations	•		
VVT Ventu	ıres			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Stephens Geomski Antrwa	เท		
		Name of Person		
	VVT Ventures LLC			
	······································	Firm/Company		
	1315 ARONOMINIK DR			
		Address		
	MOUNT DORA, FL 3275	7		
	···	City/State and Zip Code		
	tyagi309@hotmail.com	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c			
Stephens Geomski Antry				
		at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:	ation	
Registration 3 Division of C		Registration Se Division of Co		
Division of Corporations P.O. Box 6327			The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VVT Ventures LLC				
(Name of the Lim	ited Lisbility Comp (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)	_
The Articles of Organization for this Limited I		were filed on 03/09/2021	;	and assigned
Florida document number L21000113919	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LI	.C" or the abbrevia	stion "L.L.C."
Enter new principal offices address, if appli				
• • •				
Principal office address MUST BE A STRE	<u>E I ADDKESS)</u>	<u></u>		
Enter new mailing address, if applicable:		2074 Midyette Road, Apt 21	3	
(Mailing address MAY BE A POST OFFICE BOX)		Tallahassec, FL 32301		
			· · ·	
			-	
B. If amending the registered agent and/or		address on our records, ent	er the name of	the new regis
agent and/or the new registered office addre	ess here:		· · · · · ·	<u></u>
		3.5 A	•	
Name of New Registered Agent:	Stephens Geor	nski Anirwan	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	2074 Midyette	Road, Apt 213	البراء	3
	· ·	Enter Florida street addi	ress : 5	<u> </u>
	Tallahassee	. 1	Florida $\frac{32301}{1}$	17
		Cuy	71	o 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

11	7
V	/

<u>Title</u>	Name	Address	Type of Action
AR	Vaibhav Tyagi	711 Oakshores Road	□Add
	Leesburg, FL 34748	■ Remove	
		1315 Aronominik Drive	
AR Veruna Dalipsingh	Mount Dora, FL 32757	□Add	
		■ Remove	
			□Change
AR	AR Stephens Geomski Antrwan	2074 Midyette Road, Apt 213	国 Add
	Tallahassee, FL 32301	□Remove	
			☐ Change
			□Add
			□Remove
		Change	
		□Add	
	·	□Remove	
		□ Change	
			🗀 Add
			□Remove
			Change

ii amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 -	

Note: If	e date, if other than the date of filing: (optional) (ive 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
he record s ord is filed	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
Dated	2-3 8-2-21, 2021
	Signature of a pleinber or authorized representative of a member Vaichav 7yag Typed or printed name of signee
	Vaichav 7 y a g i

Filing Fee: \$25.00