

121000138772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

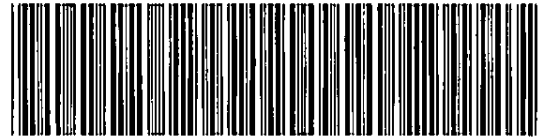
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/16/21--01021--022 **35.00

FILED
2021 SEP 15 AM 11:54
SECTION OF STATE
TALLAHASSEE, FL

SEP 16 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

REIVED

15 AM '21

Y OF
10

August 27, 2021

CHRIS VARGAS
250 PALMYRA DR
ORLANDO, FL 32807

SUBJECT: VP BUSSINESS MANAGEMENT, LLC
Ref. Number: L21000138772

We have received your document for VP BUSSINESS MANAGEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 921A00020688

2021 SEP 15 AM 7:57

1000-0000

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VP BUSINESS MANAGEMENT, 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:

CHRIS VARGAS

Name of Person

VP BUSINESS MANAGEMENT, LLC

Firm/Company

250 PALMYRA DR

Address

ORLANDO FL, 32807

City/State and Zip Code

CHRISVARGAS3@HOTMAIL.COM

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

For further information concerning this matter, please call:

CHRIS VARGAS 1787 6497506
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

VP BUSSINESS MANAGEMENT, Limited Liability Company
(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 03/24/2021 and assigned
Florida document number L21000138772.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

VP BUSINESS MANAGEMENT, Limited Liability Company
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)

1511 FAIRVIEW CIR

ORLANDO FL. 34747

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1511 FAIRVIEW CIR

ORLANDO FL. 34747

FILED
2021 SEP 15 AM 11:54
STATE OF FLORIDA
TALLAHASSEE, FL

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:

CHRIS VARGAS

New Registered Office Address:

1511 FAIRVIEW CIR

Enter Florida street address

ORLANDO

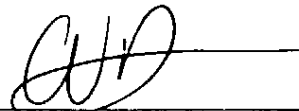
City

Florida 34747

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>
CEO	CHRIS VARGAS	1511 FAIRVIEW CIR	<input type="checkbox"/> Add
		ORLANDO FL, 34747	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CHRIS VARGAS	1511 FAIRVIEW CIR	<input checked="" type="checkbox"/> Add
		ORLANDO FL, 34747	<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.)*

I NEED TO CHANGE THE FIRST WRONG DOUBLE S S THAT, IN MY REGISTER LLC NAME, APPEARS.
NEED IT LIKE THIS "VP BUSINESS MANAGEMENT" WITH ONE S NOT LIKE THIS "VP BUSSINESS
MANAGEMENT". ALSO NEED TO CHANGE ALL ADDRESSES AND ADD THE NEW AGENT AS IT
APPEARS. THANKS!

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

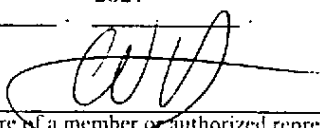
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 AUGUST 08

2021



Signature of a member or authorized representative of a member

CHRIS VARGAS

Typed or printed name of signee