6/9/2021



Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084

Phone : (305)541-3980

Fax Number : (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:						
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VYC GROUP LLC

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Electronic Filing Menu

Corporate Filing Menu

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From: TAXLEAF.COM CONTADORMAIMI.CC

H21000227940 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VYC GROUP LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 03/24/2021	and assigned
Florida document number L21000138822	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Market Control of the	
Principal office address MUST BE A STREET ADDRE	<u></u>	021 JUH =
Enter new mailing address, if applicable:		Fic B
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the na</u>	ame of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zw Code
	X447	

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.

City

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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>	Name	Address	Type of Action
AMBR	GONZALO DOTTORI	8140 NW 29TH ST	🗆 Add
		DORAL, FL 33122	■Remove
			□Change
AMBR MARIA CECILIA DOMINGO	8140 NW 29TH ST	≡ Add	
	DORAL, FL 33122	_	
			□Change
			TALMANKI DANKA
			ALBANIA GROVE
,			
			□Add C
			□Remove
			□Change
		🗀 Add	
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change

From: TAXLEAF.COM CONTADORMAIMI.C

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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ote:	ve date, if other than the date of filing: cetive 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recor Lis fil	d 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 ed.
ated	JUNE 8TH
	Signature of a member or authorized representative of a member
	AMAIN OF CIVIL POLYPICO
	MARIA CECILIA DOMINGO Typed or printed name of signee