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COVER LETTER

TO: Registration Sec Division of Corp				
VCP Wildw	ood, LLC	_	•	
SUBJECT:	Name of Limi	ted Liability Company		4 4
The enclosed Articles of a	Amendment and fec(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Trace McCreary			
		Name of Person		
	Fortis Property Manageme	nt		
		Firm/Company		
	2110 Powers Ferry Road,	Suite 150		
		Address		
	Atlanta, GA 30229			ر ،
	trace.mccreary@gmail.com	City/State and Zip Code		
	- - -	to be used for future annual report notif	ication)	· • ;
For further information c	oncerning this matter, please c	all:		
Trace McCreary		917 6850083		`.>
Name o	it Person	at () Area Code Daytime	e Telephone Number	_ 1
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)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	Status & oy
Mailing Addres Registration		<u>Street Address:</u> Registration Se	ction	
Division of C	Corporations	Division of Cor	porations	
P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monro	Tallahassee e Street, Suite 810	
i arranassec,		Tallahassee, FL	•	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VCP Wildwood, 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 $\frac{03/25/2021}{1}$ and assigned Florida document number L21000140412 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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

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>	Type of Action
MGR	Trace McCreary	2120 S Hwy A1A. Vero Beach, Fl. 32963	□Add
			ØRemove
			□Change
MGR	VCP Manager, LLC	2110 Powers Ferry Road. Suite 150	≘ Add
		Atlanta, GA 30339	□Remove
			☐ Change
			□Add
			□Remove
			Change
			Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			∏ Change

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fective date, if other than the neffective date is listed, the date muster: If the date inserted in this blocument's effective date on the D	ock does not meet the app	licable statutory ((option or more than 90 days after f Iling requirements, this	nal) iling.) Pursuant to 605.02 date will not be listed
ecord specifies a delayed effectiv is filed.	e date, but not an effective	e time, at 12:01 a.	m, on the earlier of: (b)	The 90th day after th
ted February 8.	- 2022	·		
1/4/->	,			