## L21000140429

(Re	equestor's Name)	
(	,4200.01010110,	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	 ne\
(==		,
(D	cument Number)	
(DC	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
	-	

Office Use Only



700436968747

10/01/24~-01007~-002 \*\*25.00

2024 OCT -1 PK 3: 48 SECRETADY (F. 1772

## **COVER LETTER**

TO:	Registration Sec Division of Corp				
SUBJI	ECT:	VCP Willwo Name of Lin	nited Liability Company		
The en	closed Articles of A	amendment and fee(s) are sub	omitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
		Trace 1	Name of Person		
		Fostis Pro	Perty Monagnent		
		2110 Ponces	Felly Rd Suite 1	50	2074 OCT - 1 PH 3: 48 SECRETARY SERVICE
		Atlanta, G	A 30339 City/State and Zip Code	11.1	
			City/State and Zip Code  (tis Pm Com  to be used for future annual report noti		P.
For fun	her information cor	E-mail address; ( neerning this matter, please c		fication)	3: 48 3: 48
٢	Name of I	Person	at (186) S37- Area Code Daytim	UOSO e Telephone Number	
Enclose	d is a check for the	following amount:			
<b>S</b> \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
	Mailing Address: Registration Se	ction	<u>Street Address:</u> Registration Sec	etion	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VCP WILLWOOD	111, LLC	
( <u>Name of the Limited Liab</u> ) (A Flori	ility Company as it now appears on da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number 121000140429	Company were filed on <u>3/2</u>	5 2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	****	
(Principal office address MUST BE A STREET ADD	PRESS)	
		56.00
Enter new mailing address, if applicable:		ORUN -
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our record	ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	reet address
		, Florida
	City	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>	Address	Type of Action
MGR	UCP-Tellus LLC	2110 Powers Ferry Rd, Suite	1So □Add
		Atlanta, GA 30339	<b>X</b> IRemove
		<u></u>	□ Change
MGR	VCP Manager, LLC	2110 Powers Ferry Rd Svite	150 Add
		Atlanta GA 30339	🗆 Remove
			©Change
			□Add
			□Remove
			□ Change
	<del> </del>		<u>の</u>
			S Add OC ORemove
		<del></del>	က်င္ ပြင္ပြာange
			□Ãdd
			□Remove
			Change
	<del></del>		□Add
			□Remove
			□ Change

5 PM	
TATE OF THE PARTY	
2.C.	<del>70</del>
100 P	<del>्रं</del> रे
	<u> </u>
	<del></del>
	<del></del>
ffective date, if other than the date of filing:	to 605.0 be listed

Filing Fee: \$25.00