

L21000140429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

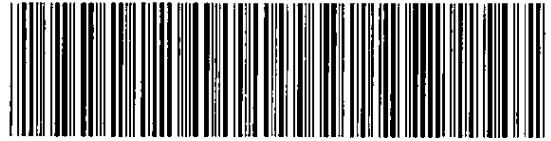
(Business Entity Name)

(Document Number)

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FILED
2024 OCT -1 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VCP Wildwood III, 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:

Trace McCreary
Name of Person

Fortis Property Management
Firm/Company

2110 Powers Ferry Rd, Suite 150
Address

Atlanta, GA 30339
City/State and Zip Code

MCabrera@FortisPm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meilyn Cabrera at (786) 537-4050
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

2024 OCT -1 PM 3:48
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TALL AD-611-000

VCP Wildwood III, LLC

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>
MGR	VCP-Tellus, LLC	2110 Powers Ferry Rd, Suite 150	<input type="checkbox"/> Add
		Atlanta, GA 30339	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VCP Manager, LLC	2110 Powers Ferry Rd Suite 150	<input checked="" type="checkbox"/> Add
		Atlanta, GA 30339	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

201 OCT - 1 PM 3:40
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FAL

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ST-GAL

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 September 25 2024

Signature of a member or authorized representative of a

Signature of a member or authorized representative of a member

Trace McClellan

Typed or printed name of signee

Filing Fee: \$25.00