Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220002161943)))



H220002181943ABC.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 Phone : (407)932-0040 : (407)520-5473 Fax Number

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

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN-**3V ENTERPRISES LLC**

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T. LEMIEUX

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Helpin 23 2022

COVER LETTER

	gistration see vision of Corp			
SUBJEĊT:	3V ENTER	PRISES LLC		L
SUBJECT:	·	Name of Limi	ted Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		ERIK A. RODRIGUEZ		
			Name of Person	
		3V ENTERPRISES LLC		
			Firm/Company	
		6712 BETH RD		
			Address	
		ORLANDO, FL 32824		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For further	information c	oncerning this matter, please c	all:	
ERIK A. R	ODRIGUEZ		at (321) 276.	เกร์ <i>3</i>
	Name o	f Person	$\frac{21}{\text{Area Code}} = \frac{321}{276}$	e Telephone Number
Enclosed is	s a check for th	te following amount:		
≅ \$25.00) Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Iailing Addres		<u>Street Address:</u> Registration Se	ction
D	ivision of C	Corporations	Division of Cou	•
	.O. Box 632 allahassee, l			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3V ENTERPRISES LLC					
(Name of the Limit	ed Liability Compar (A Florida Limited L	ny as it now appears on our records.) Jiability Company)			
The Articles of Organization for this Limited Li Florida document number <u>L21000182413</u>	ability Company	were filed on 04/20/2021	and assi	gned	
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the <u>limited</u> liab	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designation "LLC" or the	he abbreviation "L.I	"C."	
Enter new principal offices address, if applic	abie:	6712 BETH RD			
(Principal office address MUST BE A STREET ADDRESS)		ORLANDO, FL 32824			
Enter new mailing address, if applicable: (Mailing address <u>MAY</u> BE A POST OFFICE	<u>ΒΟΧ)</u>	6712 BETH RD ORLANDO, FL 32824			
B. If amending the registered agent and/or ragent and/or the new registered office addre	egistered office : ss here:	address on our records, enter the i	name of the new	registered	
Name of New Registered Agent:	ERIK A. RODI	RIGUEZ		<u> </u>	
New Registered Office Address:	6712 BETH RI				
	ORLANDO	Enter Florida street address , Florida	32824C CC		
		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>	Name	Address	Type of Action
AMBR	Erik A. Rodriguez	6712 BETH RD	🗏 Add
		ORLANDO, FL 32824	🗆 Remove
			□ Change
MGR	VANESSA CICILIA	2241 PALMETTO GLEN DR APT 214	
		KISSIMMEE, FL 34741	■Remove
			□ Change
			□Add
			□Remove
			Change
			DAda
			Remove
			Change
			□Add
			□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·
E. Effective date, if other than the date of filing: (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 6 23 2022
Signature of a member or authorized representative of a member
Signature of a member of authorized representative of a method
Typed or printed name of signee

Filing Fee: \$25.00