

W21 000183038

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(Address)

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(City/State/Zip/Phone #)

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(Document Number)

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09/20/21--01020--001 **25.00

FILED
SEP 21 2021
21 SEP 20 09:40:07

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 0520 VL 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:

Eduardo Rodriguez
Name of Person

Firm/Company

7350 SW 89th Street, Suite CU-200
Address

Miami, FL 33156
City/State and Zip Code

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

For further information concerning this matter, please call:

Eduardo Rodriguez at (786) 325-1681
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)

21 SEP 20 11 41 AM
FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

0520 VL LLL

(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 04/20/2021 and assigned Florida document number L21000183038

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 "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

7350 SW 89th Street
Suite CV-200
Miami, FL 33156

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

7350 SW 89th Street
Suite CV-200
Miami, FL 33156

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:

7350 SW 89th Street, Suite CV-200
Enter Florida street address
Miami, Florida
City Zip Code
33156

SEP 20 4:11 PM
REGISTERED AGENT
FILED
SEP 20 11:56

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Eduardo A. Rodriguez	7350 SW 89th Street, CU-02	<input type="checkbox"/> Add
		Miami, FL 33156	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Eduardo Rodriguez	7350 SW 89th Street	<input checked="" type="checkbox"/> Add
		Suite CU-200	<input type="checkbox"/> Remove
		Miami, FL 33156	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2015 SEP 20 AM 11:07
 MIAMI COUNTY CLERK
 1000 N. MIAMI AVENUE
 MIAMI, FL 33132

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

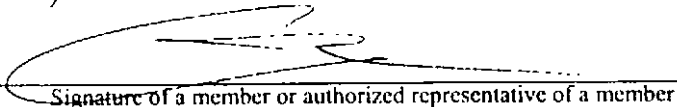
21 SEP 20 AM 4:07
STATE OF NEW YORK
DEPARTMENT OF STATE

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 14, 2021.


Signature of a member or authorized representative of a member

Eduardo Rodriguez
Typed or printed name of signee