h21000191492

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Sity States Elph Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:

Office Use Only



600370970076

08/12/21·-01014--011 **25.00



0/2. Tail

COVER LETTER

TO: Registration Section

Division of Co	rporations			
SUBJECT:		•		
30baec1.	Name of L	imited Liability Company		
The enclosed Articles of	Amendment and fee(s) are s	ubmitted for filing.		
Please return all correspo	ondence concerning this matte	er to the following:		
	LOVETTE DOBSON			
		Name of Person		
	INCFILE.COM LLC			
		Firm/Company		
	17350 STATE HWY 249	STE 220		
		Address		
	HOUSTON, TX 77064			
		City/State and Zip Code		
	EFILE1234@INCFILE.CO		·	
For further information co	oncerning this matter, please of	(to be used for future annual report no	tification)	
LOVETTE DOBSON	g salation, produce (
		888 462-3453 at ()		
Name of	Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	e 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 Se	ection	<u>Street Address:</u> Registration Se	ction	
Division of Co.	rporations	Division of Cor	porations	
P.O. Box 6327 Tallahassee, FI		The Centre of T		
rananassee, F1	J J L J I T	2415 N. Monroe Street, Suita 810		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	VAY LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000191492		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	4000 Hollywood Blvd Suite 555-S	
(Principal office address MUST BE A STREET ADDRESS) Hollywood, Florida 33021		
Enter new mailing address, if applicable:	4000 Hollywood Blvd Suite 555-S	
(Mailing address MAY BE A POST OFFICE BOX)	Hollywood, Florida 33021	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name	
Name of New Registered Agent:		2321
New Registered Office Address:	Enter Florida street address	2021 AUT 1
		- <u>0</u> - <u>7</u>
	, Florida	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	Damani Norman	4000 Hollywood Blvd Suite 555-S	
		Hollywood, Florida 33021	
			🗏 Change
			□Add
			□Remove
			□Change
			□Add
			□Rетоve
			□Change
			□ Add
			□ Remove
			□Change
			□Remove
			□ Change
			□Remove

			_		
			_		
	<u>-</u>				·
					_
-		•		-	
			<u> </u>	 -	
		.			
			-		
Effective date, if other an effective date is listed, the Note: If the date inserted locument's effective date	he date must be specif I in this block does	fic and cannot be prior not meet the applic	to date of filing or mo able statutory filing	(option re than 90 days after fil requirements, this d	ing.) Pursuant to 605.0207
record specifies a delaye I is filed.	ed effective date, bu	ut not an effective t	ime, at 12:01 a.m. o.	n the earlier of: (b)	The 90th day after the
ated		2021			
	nani 7	<u>Jaman</u>	orized representative o	f a member	
V	Signature	or a member of auth	orized representative o	i a inemoer	
Damani Norm					