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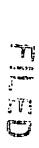
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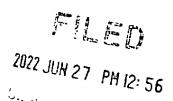
COVER LETTER

TO:

| TO: Registration S Division of Co | | | |
|--------------------------------------|---|---|--|
| VJGG HO | OLDINGS, LLC | | |
| SUBJECT: | Name of Lir | nited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are su | bmitted for filing. | |
| Please return all corresp | ondence concerning this matter | r to the following: | |
| | Garrett Gilkey | | |
| | | Name of Person | |
| | VJGG Holdings, LLC | | |
| | | Firm/Company | |
| | 3715 E 7TH AVE | | |
| | | Address | |
| | Tampa, FL 33605 | | |
| | | City/State and Zip Code | |
| | g.gilkey@hgcdevelopment | · ' | |
| | E-mail address: | to be used for future annual report not | ification) |
| For further information | concerning this matter, please c | all: | |
| J. Norman Giovenco | | 813 310-8066 at () | |
| Name | of Person | | ne Telephone Number |
| Enclosed is a check for t | the following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address | | Street Address: | |
| Registration Division of C | | Registration Se | |
| P.O. Box 632 | | Division of Cor The Centre of T | |
| Tallahassee, | | | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



VJGG HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/04/2021}{2}$ and assigned Florida document number L21000208829 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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.

City

_, Florida __

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 | Joseph Norman Giovenco | 3715 E 7TH AVE | ≣Add |
| | | Tampa, FL 33605 | □Remove |
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Filing Fee: \$25.00