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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	VAXT.HU			
SUBJECT			ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		DARCY HAMILTON		
			Name of Person	
		VAXT.HUS LLC		
			Firm/Company	
		6944 ATHENA DRIVE		
			Address	
		LAKE WORTH, FL 3346	3	
			City/State and Zip Code	
		darcyhamilton1225@gmail	.com	
		E-mail address: (to be used for future annual repo	ort notification)
For further in	itormation c	oncerning this matter, please ca	all:	
DARCY HA	AMILTON		561	
	Name o	Person	Area Code	Daytime Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status &
Reg Div P.C	iling Addres gistration S vision of C D. Box 632 lahassee, I	Section orporations 7	Division o The Centro 2415 N. M	ess: on Section of Corporations e of Tallahassee donroe Street, Suite 810 ee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VAXT.HUS LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	06/01/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		D	+0 ***
(Principal office address MUST BE A STREET ADDRESS)		;- - <u>-</u> -	AUG
		<u>.</u>	
		~	ယ
Enter new mailing address, if applicable:		·	3
(Mailing address MAY BE A POST OFFICE BOX)			
			6
Name of New Registered Agent:		_	
New Registered Office Address:			
	Enter Flori	la street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agrown or ovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of incovided for in C	ny duties, and Lam _, hapter 605, F.S. Or,	familiar with and if this document is
If Cha	nging Registered Age	nt, Signature of New Re	gistered 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>	Type of Action
AMBR	DARCY G. HAMILTON	6944 ATHENA DRIVE	≣ Add
		LAKE WORTH, FL 33463	□Remove
AR	DARCY G. HAMILTON	6944 ATHENA DRIVE	□Add
		LAKE WORTH, FL 33463	Remove
			Change
-			±
			□ Remove
			□ Remove
			□Add
			□Remove
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08	/16/2021			
fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior	to date of filing or mo	opti ore than 90 days after	tiling.) Pur	suant to 605.02
ote: If the date inserted in this block does not meet the applicate ocument's effective date on the Department of State's records.		requirements, thi	s date will	not be listed
record specifies a delayed effective date, but not an effective tin	me, at 12:01 a.m. o	n the earlier of: (t) The 90	th day after th
is filed.				
AUGUST 16 2021				
ated	<u> </u>			
1				
Signature of a member or autho				

Filing Fee: \$25.00