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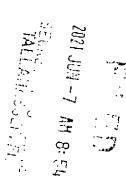
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COVER LETTER

TO: Registration Se Division of Cor		. "		
Vail Invest	ment Capital LLC	•		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Mileibi M Chavez			
		Name of Person		
	Vail Investment Capital Ll	LC		
		Firm/Company		
	2135 Taylor St			
		Address		
	Hollywood / FL 33020			
		City/State and Zip Code		
	Mclr171152@gmail.com			7021 Set 1
	E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please c	all:		
Mileibi M Chavez		305 200-7386 at ()		7 A
Name o	f Person	Area Code Daytime Telepl	none Number	2021 JUN -7 AM 8: 54
Enclosed is a check for the	ne following amount:			74. ∓
■ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fec & Certified Copy (additional copy is enclosed)	\$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
Mailing Addres	<u>is:</u>	Street Address:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Vail Investment Capital LLC	
(Name of the Limited Liability Company as i (A Florida Limited Liability	it now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number L21000221416	filed on May 12, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2021
(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 addres agent and/or the new registered office address here:	ss on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
Ci	, Florida
Cii	ty 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
MBR	Mileibi M Chavez		□ Add
		-	□Remove
		438 NW 96 St Miami FL, 33150	≣Change
MBR	Leonel Rayo Jr		□Add
			□Remove
		2135 Taylor St Hollywood FL, 33020	■ Change
			Remove
			☐ Change
			
			□ Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			□ Chance

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ffective date, if other than th	e date of filing:	(optional)
an effective date is listed, the date m	ust be specific and cannot be prior to date of filing or no block does not meet the applicable statutory filir	nore than 90 days after filing.) Pursuant to 605.02
ocument's effective date on the	Department of State's records.	ing requirements, this date with not be risted
record specifies a delayed effect is filed.	ive date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after th
June 4 lated	, 2021	
aicu	<u> </u>	
acu	212	
	Signature of a member or authorized representative	e of a member

. . . .

Filing Fee: \$25.00