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COVER LETTER

TO: Registration So Division of Cor			
suвјест: <u>√ДИ</u>	Proporties LLC Name of Limi	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:	
	Victoria Smit	Name of Person	
	Vau Apportie	S LLC Firm/Company	
	3885 Trail Bridg	Address	
	Middleburg, F	City/State and Zip Code	
	VICTORIA OS.S. MITH @ E-mail address: (1	O May . COM	fication)
For further information c	oncerning this matter, please ca	alt:	
Victoria Smith Name o	f Person	at (<u>386</u>) <u>344 - 3</u> 6 Area Code Daytime	GOS e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

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

Vau Proporties LLC	2022 JAN 31 PM 7: 01
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company) SCUNC (ART CAST STATE
The Articles of Organization for this Limited Liability Company	MALLANASSEE, Fig.
	were filed on O o o o and assigned
Florida document number <u>L21000242458</u> .	
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 abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1225 West Beaver St. Suite 205
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, Fl 32204
Enter new mailing address, if applicable:	1225 West Braver St. suite 205
(Mailing address MAY BE A POST OFFICE BOX)	Jackscoville, Fl. 32204
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida City Zip Code
	City 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 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
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			Remove
			□ Change
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Note:	tive date, if other than the date of filing: (optional) Tective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	rd 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 iled.
Dated	, 7/
	Signature of a member or authorized concentration of a member
	Signature of a member or authorized representative of a member Victoria Smill Typed or printed name of signee

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