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COVER LETTER

Division	of Corporations		
	45Q, LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are so	abmitted for filing.	
Please return all co	orrespondence concerning this matte	er to the following:	
	Charles A. Lindberg		
		Name of Person	
	VKP 45Q, LLC		
		Firm/Company	
	15155 W. Colonial Drive	Suite 784926	
		Address	
	Winter Garden, FL 3478	7	
	 	City/State and Zip Code	
	calindberg@vkgroup.com	(to be used for future annual report notif	logtion)
For further inform	ation concerning this matter, please		reality.
Charles A. Lindbe	rg	616 638-4466 at ()	
i	Name of Person	Area Code Daytime	· Telephone Number
Enclosed is a chec	k for the 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)
	Address: ation Section n of Corporations	<u>Street Address:</u> Registration Sec Division of Cort	

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

TO:

Registration Section

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

VKP 45Q, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____ une 4, 2021 ___ and assigned Florida document number L21000260909 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VPK 45Q, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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

If Changing Registered Agent, Signature of New Registered Agent

_____, 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Change
			□Add
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			∏Changa

Effective date, if other than the date of filing: June 1, 2021 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 30 days after filing.) Pursuan to 605.00 More: If the date inserted in this block does not meet the applicable statutory tiling requirements, this date will not be listed document's effective date on the Department of State's records. The 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 cord is filed. Dated June 17 2021 Signature of a member of authorized representative of a normber			1		
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