0276572

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
CUD II	7.CYD.	VBG Realto	r LLC	
SOBJI	ECT:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Scott Joellenbeck		
			Name of Person	
		Accounting Plus		
			Firm/Company	
		600 Rogue Dr		
			Address	
		Longwood, FL 32779		
			City/State and Zip Code	
		acctplus9844@gmail.com	to be used for future annual report no	tification)
For fur	ther information c	oncerning this matter, please c	·	micanony
		oncerning this matter, prease c		
Scott J	oellenbeck	A1-	352 577-9844 at ()	
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$2.	5.00 Filing Fee	☐ \$30.00 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)
	Mailing Addres Registration S		Street Address: Registration So	ection
	Division of C		Division of Co	

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VBG Realtor LLC				
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) impany)			
The Articles of Organization for this Limited Liability Company were filed	d on06/14/2021	and assigned		
Florida document number L21000276572				
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability comp	pany here:			
Virginia Berrios-Gonzalez LLC				
he new name must be distinguishable and contain the words "Limited Liability Compan	ny," the designation "LLC" or the abb	reviation "L.L.C."		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)				
	,	20		
Enter new mailing address, if applicable:	<u> </u>	-F 2023 H		
Mailing address MAY BE A POST OFFICE BOX)		2 1		
Mulling duaress MAT BE A FOST OFFICE BOX)		8 !		
-	(A) (A)			
3. If amending the registered agent and/or registered office address of		— <u> </u>		
gent and/or the new registered office address here:	<u></u>			
	f**	; 0,		
Name of New Registered Agent:				
Nove Boxist and Office Address.				
New Registered Office Address:	Inter Florida street address			
	. Florida			
City	, FIOTIQA	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
			□Remove
		<u>-</u>	
			□Add
		 	Remove
			Change
			□Add
			Remove
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an effective date is listed, the date n lote: If the date inserted in this				
ocument's effective date on the			•	
record specifies a delayed effect	ive date, but not an effectiv	e time, at 12:01 a.m. or	the earlier of: (b) The 9	0th day after the
l is filed.				
. March 23	2023			
ated		·		
	Signature of a member or at	thorized representative o	f a member	-
	Caracter of a memory of all	and the contract of	. W. T. WILLIAM	
Scott Joellenbeck, Rep	gistered Agenty			
	Tunad or a	inted name of signee		