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COVER LETTER

TO:

Registration Section Division of Corporations

VMAX IN SUBJECT:	IVEST LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JUAN CARRILLO		
		Name of Person	
	VMAX INVESTILLC		
		Firm/Company	<u> </u>
	11111 BISCAYNE BLVD	. UNIT 1610	
		Address	
	MIAMI, FL 33181		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	juanccarrillo@me.com		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
JUAN CARRILLO		786 340-0570	
Name o	Name of Person Area Code Daytime Telephone Number		ne Telephone Number
Enclosed is a check for t	he 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)
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BULL THE

Zip Code

VMAX INVESTILLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(X F Kirtula Estimica Challetty Company)
(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 JUNE 30, 2021 and assigned
Florida document number 1.21000301309
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
VMAX PROCUREMENT LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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.

Cirv

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
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			□Remove
		····	□Change
			□Add
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ective date, if other than the effective date is listed, the date me: If the date inserted in this hument's effective date on the hument's	block does not m Department of St	ect the applicab ate's records.	le statutory filing	requirements, this c	late will not be lis	sted a
cord specifies a delayed effecti ; filed.	ive date, but not a	m effective time	e, at 12:01 a.m. o	n the earlier of: (b)	The 90th day aft	ter the