

11/9/21, 4:00 PM

Division of Corporations

L21000341361

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)517-6383

From:

Account Name : TAXLEAF.COM INC
Account Number : 120140000084
Phone : (305)541-3980
Fax Number : (786)713-1940

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VST REAL ESTATE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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2021 NOV -9 PM 1:19

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STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

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H21000415864 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VST REAL ESTATE 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 07/28/2021 and assigned
Florida document number L21000341361.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

10760 SW 52 TERRACE

(Principal office address **MUST BE A STREET ADDRESS**)

MIAMI, FL 33165

Enter new mailing address, if applicable:

10760 SW 52 TERRACE

(Mailing address **MAY BE A POST OFFICE BOX**)

MIAMI, FL 33165

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

Florida

City

Zip Code

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2021 NOV - 9 PM 1:19

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

H21000415864 3

H21000415864 3

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>	<u>Type of Action</u>
MBR	CARLOS A VACCAREZZA TIJOUX	10760 SW 52 TERRACE	<input type="checkbox"/> Add
		MIAMI, FL 33165	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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