

8/31/22, 2:01 PM

Division of Corporations

**Florida Department of State**  
 Division of Corporations  
 Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000298451 3)))



H220002984513ABCO

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
 Fax Number : (850)617-6383

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

2022 AUG 31 PM 2:42

DIVISION OF STATE  
CORPORATIONS

2022 AUG 31 PM 1:31

FILED

H22000298451 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:

10450 NW 33RD ST SUITE 203

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

DORAL, FL 33172

Enter new mailing address, if applicable:

10450 NW 33RD ST SUITE 203

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

DORAL, FL 33172

**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

**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

H22000298451 3

FILED

2022 AUG 1 PM 1:31

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H22000298451 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	VACCAREZZA TIJOUX, CARLOS A	10450 NW 33RD ST SUITE 203	<input type="checkbox"/> Add
		DORAL, FL 33172	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	SANTANDER QUEVEDO, MARIA C	10450 NW 33RD ST SUITE 203	<input type="checkbox"/> Add
		DORAL, FL 33172	<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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H22000298451 3

