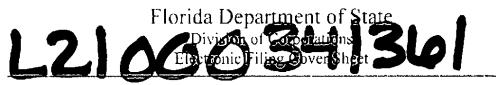
8/31/22, 2:01 PM

Division of Corporations



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.

(((H220002984513)))



H220002984513ABC0

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 : I20140000084 : (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	()
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

TUELPMIEUX

H22000298451 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VST REAL E				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears or Liability Company)	our records.)		
he Articles of Organization for this Limited Liability Company lorida document numberL21000341361	were filed on	07/28/2021	and assigned	
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	ility company here:	:		
ne new name must be distinguishable and contain the words "Limited Liabil	lity Company," the desig	mation "LLC" or the al	obreviation "L.L.C."	<u> </u>
nter new principal offices address, if applicable:	10450 NW 33RD ST SUITE 203			
Principal office address MUST BE A STREET ADDRESS)	DORAL, FL 3317	72		
inter new mailing address, if applicable:	10450 NW 33RD	ST SUITE 203	·	_
Malling address MAY BE A POST OFFICE BOX)	DORAL, FL 3317	72		
i. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	eddress on our reco	rds, <u>enter the nan</u>	ne of the new regi	stered
	•	,		
New Registered Office Address:	Enter Florida	strees address	<b>5</b> 7.	1 20
	City	, Florida	ZIp Code	-≅
ew Registered Agent's Signature, if changing Registered Agent:	į.		· :	AUG
hereby accept the appointment as registered agent and agr rovisions of all statutes relative to the proper and complete ccept the obligations of my position as registered agent as p eing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	y duties, and I am apter 605, F.S. Or,	familiar with and if this document	/ —

If Changing Registered Agent, Signature of New Registered Agent

Title

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

Name

Type of Action <u>Address</u>

MBR	VACCAREZZA TIJOUX, CARLOS A	10450 NW 33RD ST SUITE 203	🗆 🗆 Add
		DORAL, FL 33172	Remove
·			[2]Change
AMBR	SANTANDER QUEVEDO, MARIA C	10450 NW 33RD ST SUITE 203	[]Add
		DORAL, FL 33172	Remove
		<u> </u>	
			Remove
			Change
			Dvgq
			□Remove
			Change
			DAdd
<del></del>			□Remove
			Change
	\$ 1.50 miles		[]Add
			□Remove
			Change

From: TAXLEAF.COM CONTADORMIAMI.COM

H220002984513

·	
****	
•	
	·
	•
1-1000	
ating days though a short of a second	90 a.s.
tive date, if other than the date of fl ffective date is listed, the date must be specific	ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6
If the date inserted in this block does no ment's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be lit of State's records.
	·
ord specifies a delayed effective date, but filed.	it not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at
•	
1AUGUST 30TH	