L21000358631

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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January 24, 2022

VANESSA RIVERON 7221 NW 174 TERRACE APT 103 HIALEAH, FL 33015

SUBJECT: V&V CAPITAL CORP LLC

Ref. Number: L21000358631

We have received your document for V&V CAPITAL CORP LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Letter Number: 422A00001779

Yvette Scott Supervisor

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COVER LETTER

porations	••	
al Corp		
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
ndence concerning this matter	to the following:	
Vanessa Riveron		
	Name of Person	
	Firm/Company	
7221 NW 174 Terrace Apt	103	
	Address	
Hialeah Fl 33015		
vanessariv317@gmail.com	City/State and Zip Code	
	·	fication)
oncerning this matter, please co	all:	
	786 7974297	
f Person		e Telephone Number
e following amount:		
■ \$30.00 Filing Fec & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is melosed)
	Street Address:	
	Name of Lim Amendment and fee(s) are sub indence concerning this matter Vanessa Riveron 7221 NW 174 Terrace Apt Hialeah FI 33015 vanessariv317@gmail.com E-mail address: (concerning this matter, please concerning this matter.	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Vanessa Riveron Name of Person Firm/Company 7221 NW 174 Terrace Apt 103 Address Hialeah FI 33015 City/State and Zip Code vanessariv317@gmail.com E-mail address: (to be used for future annual report notion oncerning this matter, please call; Terson at (1) Area Code Daytimate following amount: \$\Belline\$ \$30.00 Filing Fee & Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

V&V Capital Corp LL C		
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our record Liability Company)	<u>us.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on <u>08/10/2021</u>	and assigned
Florida document number L21000358631		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
VPR Global LLC		
The new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		2022 SEL FAL
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street addre	
	35	
*****	,	lorida
ı	City	Zio 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

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
AMBR	Valentina Alonso	26953 SW 134th Ct Miami Fl 33032	□Add
			■Remove
			□Change
		□Remove	
		□Change	
	<u></u>		
			□Remove
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Page 2 of 3

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Filing Fee: \$25.00