L21000387191

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

Registration Section Division of Corporations

TO:

| VG SERVI SUBJECT: | CES 4 LLC | | 1 |
|-----------------------------|----------------------------------|--|--|
| | Name of Lim | ited Liability Company | |
| | ı | | |
| Th | A d d (C(-) | min ad fac filing | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | | | |
| | Maria Alejandra Gelves | • | |
| | | Name of Person | |
| | , | | alua Cl |
| | | | elve G |
| | 1 | /Firm/Company | |
| | 6330 SW 34TH CT | | |
| | | Address | |
| | MIRAMAR FL 33023 | | |
| • | WIRAMAR 1 L 33023 | | · |
| | | City/State and Zip Code | |
| | vgservices4llc@gmail.com | to be used for future annual re | nost natification) |
| | | | port notification) |
| For further information of | oncerning this matter, please co | all: | |
| Maria Alejandra Gelves | | 954 8220 | 825 |
| Name o | f Person | at () Area Code | Daytime Telephone Number |
| | | | · |
| | | ā. | |
| Enclosed is a check for the | ne following amount: | , , | |
| S25.00 Filing Fee | ☐ \$30.00 Filing Fee & | ☐ \$55.00 Filing Fee & | ☐ \$60.00 Filing Fee, |
| | Certificate of Status | Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy |
| | | (additional copy in chess. | (additional copy is enclosed) |
| | 1 | | |
| ì | | | |
| Mailing Addres | <u>s:</u> | Street Add | ress: |
| Registration S | | | ion Section |
| Division of C | • | | of Corporations |
| P.O. Box 632 | | | re of Tallahassee |
| Tallahassee, f | ·L 32314 | | Monroe Street, Suite 810 |

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

VG SERVICES 4 LLC

| (A Fforida Limite | cu maonny | Company | |
|---|---|-----------------------------|--|
| The Articles of Organization for this Limited Liability Compa | nv were f | iled on ^{08/30} | 0/2021 and assigned |
| Florida document number L21000387191 | , | • | und uningried |
| This amendment is submitted to amend the following: | ಫ | • | |
| A. If amending name, enter the new name of the limited li | ability co | mpany here | <u>e</u> : |
| The new name must be distinguishable and contain the words "Limited Li | ability Com | pany." the desi | ignation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | 2027 |
| · : . · | | | |
| | | | 122 |
| Enter new mailing address, if applicable: | | | 13. 13. |
| (Mailing address MAY BE A POST OFFICE BOX) | | | - 150 De 150 |
| , | | | 道: 直 |
| | | | |
| B. If amending the registered agent and/or registered offic | e address | s on our rec | ords, enter the name of the new register |
| agent and/or the new registered office address here: | ā | • | |
| <i>;</i> | | • | |
| Name of New Registered Agent: | | | |
| Nov. Davidtand Office Address. | | | |
| New Registered Office Address: | | Enter Florida | a street address |
| • | | • | 170 |
| · | Cir | v | , Florida Zip Code |
| ; <u>New Registered Agent's Signature, if changing</u> Registered Ager | nt: | | · |
| I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change. | — gree to ac ete perfor es provide | mance of m ed for in Che | y duties, and I am familiar with and apter 605, F.S. Or, if this document is |

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 |
|--------------|----------------------|--------------------------|-----------------|
| MGR | NANCY ESTHER, TAMARA | 8810 CREST VIEW DR APT B | |
| | 1 | TAMPA, FL 33604 | ■Remove |
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| ctive date, if other tha effective date is listed, the da | in the date of filing: ate must be specific and c | annot be prior to date | of filing or more tha | (optional) m 90 days after filing |) Pursuant to 605.02 |
| e: If the date inserted in t | this block does not me | et the applicable sta | itutory filing requ | irements, this date | will not be listed |
| ament's effective date on | the Department of Sta | ne s records. | | | |
| ord specifies a delayed et | ffective date (but not a) | n effective time, at | 12:01 a.m. on the | earlier of: (b) Th | e 90th day after th |
| filed. | | , | 12.07 d.m. on the | carrier or. (b) | e mar day arter ti |
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| | | <i>~1 /</i> | , 'N 7 h. | | |
| | / Signature of a me | mber or authorized re | presentative of a m | ember | |