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COVER LETTER

	gistration So vision of Cor			
SHID HILLY	VOG II, LI	LC		
SUBJECT	·	Name of Lin	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Ronny Peltes		
			Name of Person	
		VOG H, LLC		
			Firm/Company	·
		1499 SW 30th Ave., #16		
			Address	
		Boynton Beach, FL 33426		
			City/State and Zip Code	
		office@mackindustrial.com		
For further	information c	E-mail address: (concerning this matter, please c	to be used for future annual report not	tification)
Ronny Pelto		oncerning one maner, preude c		
———			561 738-7576 at ()	ne Telephone Number
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	he following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address:	ection
	-	orporations	Registration Se Division of Co	
	O. Box 632		The Centre of	Tallahassee
i a	llahassee, I	rl. 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VOG H, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on September 1, 2021	and assigned
Florida document number 1.21000390740		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
		26 8 U
Enter new mailing address, if applicable:		
nter new mailing address, if applicable: Sailing address MAY BE A POST OFFICE BOX)	,	
		20 Z Q
		SH S
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David Mackey		□Add
			■Remove
			□Change
MGR	Steve Mackey		□Add
			≣Remove
			□Change
MGR	VOG Village Park, LLC	1499 SW 30th Ave., #16 Boymon Beach 33426	<u></u> ■ <u>A</u> dd
			Add Park
			PLO PLANT
			□Remove
			□Change
			□Add
			□Remove
			[]Change
			🗀 Add
			□Remove
			□Change

			 		
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Effective date, if otl	ner than the date of	f filing:	0.73	(opti	onal)
Note: If the date inse	rted in this block doe	s not meet the appi	icable statutory im	ng requirements, thi	r filing.) Pursuant to 605.020 s date will not be listed a
document's effective	date on the Departine	nt of State's record	ls.		
	slaved effective date. I	out not an effective	time, at 12:01 a.m	. on the earlier of: (\t	o) The 90th day after the
ha manuel expedition a de	layed effective date.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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Filing Fee: \$25.00