## 121000399745

(Re	questor's Name)	
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## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

SUBJECT: VM	R (Ummunicat Name of Limit	ion LLC led Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	Hugh	Macken Name of Person	
		Name of Person	
	UMR (	Communication	as LLC
		Firm/Company	
	4995 M	ilano St.	
		Address	
	Are Maria	FL 34142 City/State and Zip Code	
		eum rommunic	
	E-mail address: (t	o be used for future annual report n	otification)
For further information	concerning this matter, please ca	ill:	
	Hugh Musica	7,57,55	6710
Name	of Person	at (715) 255 Area Code Dayt	ime Telephone Number
			24.
5 1 1: 1 16	. 6.11		A Side
Enclosed is a check for	_		6 ( ) 8 ( )
121/523.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee,  Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(,
Mailing Addre	ess:	Street Address:	
Registration	1	Registration S	
P.O. Box 63	Corporations	Division of C The Centre of	-
Tallahassee,	1	· · · · · -	roe Street, Suite 810
		Tallahassee, l	FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

/ M K ( 0 m ~	ounicational CC pility Company as it now appears on ida Limited Liability Company)	our records.)
(A Flor	ida Limited Liability Company)	······································
The Articles of Organization for this Limited Liability	Company were filed on Stp	+. 8, 2021 and assigned
Florida document number <u>L210003997</u>	<u>13</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	446-44-4
	<del></del>	
B. If amending the registered agent and/or register agent and/or the new registered office address here		ds, enter the name of the new registere
igent and/or the new registered orace address here	·•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
	City	, Florida Zip Code
	City	гір Соце

## 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
AM BR	Hugh Macken	4995 Milano St. Aue Maria, FC 34142	DAdd
		Aue Maria, FC 34142	□Remove
			□Change
MGR	Mee, M. Ng	4995 Milano St. Ave Maria FL 34142	□Add
		Ave Maria FL 34142	(DRemove
			□Change
•			□ Add
			□Remove
			□Change
			□Add
			Add   Stemove   15   15   15   15   15   15   15   1
			BChange F
			Add J
			Remove
			□ Change
			□Add
			□Remove
			□Change

If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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		•
		<u>.</u>
<del></del>		-
		=
		•
		-
		_
If an effective Note: If the	date, if other than the date of filing: Sept. 8, 2021 (optional) e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 ne date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list s effective date on the Department of State's records.	5.0207 ( ted as t
e record spe rd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	er the
Dated	Signature of a member or authorized representative of a member	
-	Signature of a member or authorized representative of a member	
	Hugh Mackey Meei No. Typed or printed name of signee	
-	Typed or printed name of signee	