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(((H24000142533 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624

Fax Number

: (512)597-0678

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 VIP 360 STUDIO LLC

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Corporate Filing Menu

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APR 2 2 2024

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1 Page: 2 of 5

2024-04-19 14:09:10 UTC+14

18506176383

From: ZenBusiness User

COVER LETTER

H24000142533 3

Division of Corp			
VIP 360 STU	лото плеф		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Diego Cruz		
	-	Name of Person	
	ZenBusiness INC		
		Firm/Company	
	336 E. College Ave Suite .	301	
		Address	
	Tallahassee, Ft. 32301		
	 	City/State and Zip Code	
	fulfillment@zenbusiness.ed	om to be used for future annual report noti	
For further information col	ne-mail address: (neerning this matter, please c		neacont
c/o ZenBusiness INC	•	844 493-6249	
Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>MailingAddress:</u>		Street Address;	ution.
Registration Se Division of Co		Registration Se Division of Cor	
P.O. Box 6327	·	The Centre of T	allahassee
Tallahacego El	37313	2415 N. Monro	e Street, Suite \$10

Tallahassee, FL 32303

Page: 3 of 5

To:

2024-04-19 14:09:10 UTC+14

18506176383

From: ZenBusiness User

H24000142533 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>x on our records.)</u> 22-01-04 and assigned
22-01-04 and assigned
<u>ere</u> :
esignation "LLC" or the abbreviation "LLC"
~
. ;
Φ -
ecords, enter the name of the new registe
. 8
ida strevi address
F1 11
, Florida 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

Page: 4 of 5

Page: 4 of 5 2024-04-19 14:09:10 UTC+14 18506176383 From: ZenBusiness User H24000142533 3

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

To:

<u>Title</u>	Name	Address	Type of Action
AMBR	Rodriguez, Victor Dario	6234 US-301	□Add
		Ellenton, FL 34222	□Remove
			[] ("hange
			□Remove
			☐ Change
			Dadd
			□Remove
			□Change
			DAdd
			□Remove
			□Change
	****		□Add
			□Remove
			☐ (Thange
			□Add
			□Remove
			☐Change

To:

 If amending any other information 	mation, enter change(s) here: (Attach additional sheets, if necessary.)	
14-41-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
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Note: If the date inserted in this	the date of filing:	905,0207 (3)(b listed as the
t the record specifies a delayed offer secord is filed	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day a	ter the
Dated 4/18	2024	
/s/ Romer Ricard		
	Signature of a member or authorized representative of a member	
Romer Ricardo Rive		
	Typed or printed name of signee	