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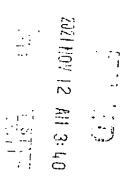
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration S Division of Co					
eun irer	VLM DEVEL	OPERS, LLC.	•		
SUBJECT:	Name of Lim	ited Liability Company	-		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	M	ARCELO RODRIGUEZ			
		Name of Person			
	VI	LM DEVELOPERS, LLC.			
Firm/Company					
		11220 SW 74 ST			
Address					
		MIAMI, FL 33173			
		City/State and Zip Code			
	MARCELOZA E-mail address: (RODRIGUEZ GYAHOO. Co	(fication)		
For further information	concerning this matter, please c	all:			
MARCELO RODRIC	SUEZ	786 426-0111			
Name of Person			e Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addro Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

VLM DEVELOPERS, LLC. (Name of the Limited Liability Company as it now appears on our records.) 3: 1/0

The Articles of Organization for this Limited Liability Company	were filed on The File	0/14/2021 ST = 1 and assigned
Florida document number	ا ما داد ا	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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 registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stred	4 address
		Florida
	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 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	LUIS E. SOBRINO	905 W 32nd ST.	□Add
		HIALEAH, FL 33012	■ Remove
			□Add
			□Remove
			□Change
		<u> </u>	□Add
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n effec ote: - If	e date, if other the ctive date is listed, the of the date inserted in ht's effective date or	date must be specif i this block does	ic and cannot be p not meet the ap	plicable statutory	g or more than 90 da r filing requiremen	(optional) ys after filing.) Purs nts, this date will i	uant to 605,020 101 be listed as
ecord is filed	specifies a delayed o d.	effective date, bu	it not an effectiv	ve time, at 12:01	a.m. on the carlie	r of: (b) The 90ti	h day after the
	NOVEMBER 8th	I	2021				
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