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2022 MAY 13 AM II: 42 SEURE JARY OF STATE

## **COVER LETTER**

	VLM DEVE	ELOPERS, LLC.	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		VICTOR M SALAZAR	
		Name of Person	
	\	M DEVELOPERS, INC.	
		Firm/Company	
	152	30 LAUREL LANE NORTH	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Address	
	PEMBR	330 2 7 OKE PINES. FL. 3027	
		City/State and Zip Code	<del> </del>
		rcelo2rodriguez@yahoo.com	
		to be used for future annual report notif	fication)
For further information co	oncerning this matter, please co	all:	
Lisbeth Mir		786 683-8539	
Name of Person		at () Area Code Daytime	e Telephone Number
Enclosed is a check for th	e 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 enclose

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

VLM DEVELOPERS,	LLC.	2022 MAY 13 AM 11: 42
(Name of the Limited Liz (A Flo	LLC.  ability Company as it now appears on our recorda Limited Liability Company)	SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liabilit Florida document number L21000449403	ly Company were filed on 10/14/2021	and assigned
-torida document number	·	
This amendment is submitted to amend the following	<u>r</u> .	
A. If amending name, enter the new name of the	limited liability company here:	
VM DEVELOPERS, LLC.		
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- <del></del>	
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or regist		ter the name of the new regist
agent and/or the new registered office address her	r <u>e</u> :	
Name of New Registered Agent:		
ivanie of thew registered regent.		<del></del>
New Registered Office Address:	Enter Florida street ado	I
	v.nier v torida street add	Wess .
_		Florida Zip Code
	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
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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n effective date is listed, the date must be specific te: If the date inserted in this block does n	c and cannot be pric not meet the appli	or to date of filing cable statutory	or more than 90 da			
cument's effective date on the Department	of State's record	S.				
ecord specifies a delayed effective date, but is filed.	not an effective	time, at 12:01 a	.m. on the earlie	of: (b) The 90	th day a	ifter the
ted	2022	·				
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