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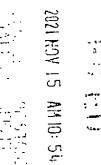
(Requestor's Name)
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A. BUTLER
DEC - 5 2021

COVER LETTER

		stration Section of Corp			
		VBL 888, L	LC		
SUBJEC	.1:		Name of Lim	ited Liability Company	
The enck	osed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn :	all correspo	ndence concerning this matter	to the following:	
			Pamela Kelly		
				Name of Person	
			VBL 888, LLC		
				Firm/Company	
			141 Hibemate Way		
			-	Address	
			Freeport, FL 32439		
				City/State and Zip Code	
			pam@vblcorp.com		
For fueth	ar inf	Demotion of	E-mail address: (oncerning this matter, please c	to be used for future annual report notification.	(no
1 (4 1011)	(C) 1111	ornador ce	meetining uns matter, please c	111.	
Pamela I	Kelly			251 923-9889 at ()	
		Name of	Person		ephone Number
Enclosed	l is a	check for th	e following amount:		
\$25.0	00 Fi	ling 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)
		ing Address		Street Address:	
		istration S sion of Co	ection orporations	Registration Section Division of Corpora	
	P.O.	Box 632'	7	The Centre of Tallahassee	
•	Tall	ahassee, F	L 32314	2415 N. Monroe Str	eet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) VBL 888, LLC The Articles of Organization for this Limited Liability Company were filed on 10/25/2021 [Author) Florida document number L21000463075 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City

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
MGR	Blythe C. Metz	600 Lenox Woods Court S.	
		Marietta, GA 30068	Remove
			■Change
AMBR	Jonathan G. Kelly	945 Tree Top Drive	Add
		Suwance, GA 30024	□Remove
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

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	10/22/2021
Effect	ive date, if other than the date of filing:
i an eii Note:	ective 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 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
locum	ent's effective date on the Department of State's records.
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is fi	led.
Dated	
Dated	
Dated	Silmost of a primber or authorized engagement in a Co to
Dated	Silenature of a member or authorized representative of a member