

K210005225647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

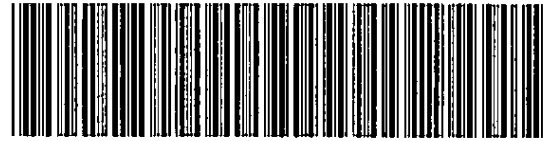
(Business Entity Name)

(Document Number)

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FILED
2022 MAR -2 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER
MAR 11 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VGC Property Solutions LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlitos Vela

Name of Person

VGC Property Solutions LLC

Firm/Company

255 S Orange Ave Suite 104 #1102

Address

Orlando, FL, 32801

City/State and Zip Code

vgcps@vgcpropertiesolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlitos Vela

Name of Person

at (**407**)

Area Code

558-2774

Daytime 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 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

VGC Property Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2022 MAR -2 PM 1:27

SECRETARY OF STATE
12/13/2021 ASSESSOR

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L21000522847.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

255 S Orange Ave

Suite 104 #1102

Orlando, FL, 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

255 S Orange Ave

Suite 104 #1102

Orlando, FL, 32801

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** _____

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 Changing Registered Agent, Signature of New Registered Agent

[illegible]

(If an effective 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 (3)(b)

If the record 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 record is filed.

February 26, 2022



Signature of a member or authorized representative of a member

Typed or printed name of signee