L21000526472

	(Requestor's Name)	
· · · · ·	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UI	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

VFJ Holdings I	.I.C	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by: SE	TH	UCC 1 or 3 File
		UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier
174 Pondar's Printing - Thomas		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VFJ HOLDINGS, LLC	_	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as <u>it now appears on our records.</u>) (Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000526472	y were filed on 12/15/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	hility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<u> </u>
		ĺ.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		——————————————————————————————————————
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		-
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	<u> </u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, and I am	familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ADAM FOX	8096 CANOPY TERRACE PARKLAND, FL 33076	Add
			☐ Remove
			Change
			□ Remove
			Change
			
			□ Remove
			Change
			Remove
		-	□ Change
			□ Remove
			□ Change
			Remove
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Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	e specific and cannot be prior k does not meet the applic	to date of filing or more that ble statutory filing req		
ne record specifies a delayed of The 90th day after the recor		t an effective time	, at 12:01 a.m. on the ϵ	earlier of:
January 6	. 2022	·		
<u>Isl</u> Valentino Giffor Si	d			
C:				
, JI	gnature of a member or author	orized representative of a	member	

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