## L21000527194

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ALLAHASSEE FIORIS

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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co		W.	
	olesale LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Waleed Zakariya		
		Name of Person	
	Vast Wholesale LLC		
		Firm/Company	
	7036 Sawley Court		
	<del> </del>	Address	<del></del>
	Tallahassee, FI 32317		
		City/State and Zip Code	
	Vastwholesale1@gmail.c		
	E-mail address: ()	to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Waleed Zakariya		727 7106193	
Name	of Person	at () Area Code Daytimo	: 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 Addr		Street Address:	
Registration		Registration Sec	
Division of (	Corporations	Division of Corp The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JAN 11 AH 10: 16

Vast Wholesale LLC

(Name of the Limited Liability Company as it now appears on our received HASSEL FLORE (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 12/14/2021 and assigned
Florida document number L21000527194	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	110 West Seneca Ave unit #114
(Principal office address MUST BE A STREET ADDRESS)	Tampa, Fl 33612
Enter new mailing address, if applicable:	110 West Seneca Ave unit #114
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, Fl 33612
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new registere
New Registered Office Address: 110 West Ser	neca Ave unit #114
New Registered Office Address.	Enter Florida street address
Tampa	Florida 33612
	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
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Filing Fee: \$25.00