L22000066376

(Re	questor's Name)	
(Ad	dress)	-
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(Ad	uiess)	
(Cit	y/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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OVER THE OF STATE OF STATE OF CORPORATIONS

T. MATTHEWS
JUN 3 0 2022

COVER LETTER

	istration Sec ision of Corp			سوم . نو	ę •
	S	SUSTAINABLE AWARDS LI	LC		•
SUBJECT:		Name of Limi	ited Liability Company	 .	
		Amendment and fee(s) are sub	-		
Please return	all correspoi	ndence concerning this matter	to the following:		
			Yanet Comesanas		
			Name of Person		
			VGV (US) LLC		
			Firm/Company		
		2	100 Ponce de Leon, Suite	e 850	
			Address		
			Coral Gables, FL 331	134	
		-	City/State and Zip Code		
		E-mail address: ti	yanetc@vivancoyviv to be used for future annual		
For further in	nformation co	oncerning this matter, please ca		•	
	Yanet Co	omesanas	786	471-4655	
	Name of	Person	at () Area Code	Daytime Teleph	one Number
Enclosed is a	a check for th	e following amount:			
□ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re	iling Addres	Section		ation Section	
Dir	vision of C	orporations	Divisio	n of Corporation	ons

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

SECRETARY OF STATE DIVISION OF CORPORATIONS

22 MAY -9 PM 1: 43

(Name of the Limited I	<u>liability Company as it now appea</u> Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on	02/08/2022	and assigned
Florida document number L22000066376	 ,		
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability company h	ere:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO			
			
B. If amending the registered agent and/or regi agent and/or the new registered office address h		records, enter the n:	ime of the new reg
agent and/or the new registered office address.	·		
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:	Enter Flo	orida street address	
	Enter Flo		Zip Code

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
MGR	DIEGO ANDRES GUARDERAS I	2100 PONCE DE LEON BOULEVARD, SUITE 85	0, (□Add
			🗏 Remove
			Change
MGR	AVALON UNITED LLC	3411 SILVERSIDE ROAD, TATNALL BUILDING	3-10 ■Add
			□Remove
			🗆 Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

	ig any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		
		
ote: If the	late, if other than the date of filing:	o 605.020 e listed a:
ecord spe is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
ted	April 25th	
-	Signature of a member or authorized representative of a member	
	Carlos Javier Fiallo	
_	Typed or printed name of signee	_

Filing Fee: \$25.00