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| (Cit | y/State/Zip/Phone | #) |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Do | cument Number) | |
| Certified Copies | Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

| | HOLDINGS, LLC | | |
|----------------------------|---|---|---|
| SUBJECT. | Name of Lim | ited Liability Company | |
| The enclosed Articles of | f Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | STEVEN ZAKHARYAY | EV | |
| | | Name of Person | |
| | | Firm/Company | |
| | 2719 HOLLYWOOD BL | √D | |
| | | Address | 10 : 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 |
| | HOLLYWOOD, FL 33029 | 0 | |
| | | City/State and Zip Code | 7157. |
| | E-mail address: (| to be used for future annual report not | ification) |
| For further information | concerning this matter, please c | all: | |
| Yvonne Novoa | | 954 6512332 | |
| Name (| of Person | at () Area Code Daytin | ne Telephone Number |
| Enclosed is a check for t | he 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 Addre | | Street Address: | nation. |
| Registration Division of 0 | | Registration Se Division of Co | |
| P.O. Box 632 | | The Centre of | |

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| WTSQQ HOLDINGS, LLC | | | |
|---|--|--|------------------------------|
| (Name of the Limi | ted Liability Com (A Florida Limite | npany as it now appears on our records ad Liability Company) | <u>s.</u>) |
| he Articles of Organization for this Limited L | iability Compa | ny were filed on 01/28/2022 | and assigned |
| lorida document number | | | |
| his amendment is submitted to amend the foll | owing: | | |
| . If amending name, enter the new name o | of the limited li | ability company here: | |
| VTSQ22 HOLDINGS, LLC | | | |
| he new name must be distinguishable and contain the v | words "Limited Lie | ability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| nter new principal offices address, if applic | cable: | N/A | |
| Principal office address MUST BE A STREE | ET ADDRESS) | | |
| | | | |
| | | A114 | |
| nter new mailing address, if applicable: | | N/A | |
| <u>Mailing address MAY BE A POST OFFICE</u> | BOX) | | |
| | | | |
| . If amending the registered agent and/or | registered offic | e address on our records, enter | the name of the new regist |
| gent and/or the new registered office addre | | <u></u> | |
| Name of New Registered Agent: | N/A | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| New Registered Office Address: | | Enter Florida street address | <u></u> - |
| | | | |
| | | | orida 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

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 |
|--------------|-------------|--------------|----------------|
| | N/A | | DAdd |
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| | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A |
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| ffec | tive date, if other than the date of filing: (optional) Tective 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 605.020 |
| vote: | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records. |
| reco d is f | rd 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 filed. |
|)atec | July 25, 2022 |
| | $\mathcal{L}_{\mathcal{L}}}}}}}}}}$ |
| | Signature of a member or authorized representative of a member |
| | |