h22000096756

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SECRETARY OF CORPORATIONS CHAISION OF CORPORATIONS 19

T. MATTHEWS
JUN 1 4 2022

COVER LETTER

Division of Co	rporations		
VCP Santa	ı Rosa III. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Trace McCreary		
		Name of Person	
	Fortis Property Manageme	ent	
		Firm/Company	
	2110 Powers Ferry Road.	Suite 150	
		Address	
	Atlanta, GA 30339		
		City/State and Zip Code	
	trace.mccreary@gmail.com		
		to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Trace McCreary		917 6850083	
Name o	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)

TO:

Registration Section

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 GEORGIARY OF STATE HIVISION OF CORPORATIONS

VCP Santa Rosa III, LLC

22 APR 25 PM 3: 19

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

The Articles of Organization for this Limited Liability Company	y were filed on 02/23/2022	and assigned
Florida document number L22000096756		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2110 Powers Ferry Road, Suite	
(Principal office address MUST BE A STREET ADDRESS)	Atlanta, GA 30339	
Enter new mailing address, if applicable:	2110 Powers Ferry Road, Suite	150
(Mailing address MAY BE A POST OFFICE BOX)	Atlanta, GA 30339	
B. If amending the registered agent and/or registered office	address on our records, enter t	he 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	
	, Flor	ida Zip Code
	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>	Name	Address	Type of Action
MBR	Julie L Weiss	1619 Walker Ave	□Add
		COLLEGE PARK, GA 30337	∡ Remove
			□Change
MGR	Trace McCreary	2110 Powers Ferry Rd, Suite 150	Œ Add
		Atlanta, GA 30339	□Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

-	
	
-	
(If an effective da Note: If the d	e, if other than the date of filing:
the record specificord is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated A	Signature of a member or authorized representative of a member
~	Troce McGeory Typed or printed name of signee