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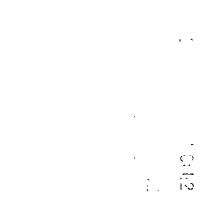
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COVER LETTER

TO: · Registration Section **Division of Corporations** VELASQUEZ WHITAKER INTERIORS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CYNTHIA WHITAKER Name of Person VELASQUEZ WHITAKER INTERIORS LLC Firm/Company 101 PLAZA REAL SOUTH SUITE I Address BOCA RATON, FL 33432 City/State and Zip Code velasquezwhitakerinteriors@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CAROLINA VELASQUEZ Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ■ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

VELASQUEZ WHITAI		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company lorida document number	y were filed on	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
VV GALLERY LLC		
he 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:		
Principal office address MUST BE A STREET ADDRESS)		
		•
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		•
		C.
3. If amending the registered agent and/or registered office	address on our records, enter th	ne name of the new regist
gent and/or the new registered office address here:	, <u></u>	<u></u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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
			□Add
			Remove
			□Change
			□Add
			□Remove
		-	□Change
			□Add
			□Remove
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			C⊋ ☐Remove
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effective date is listed, the certain effective date inserted in	an the date of filing:date must be specific and cannon this block does not meet the the Department of State's	e applicable statutory f	(optiona or more than 90 days after filin Thing requirements, this da	ig.) Pursuant to 605,020
stiled.	effective date, but not an eff	ective time, at 12:01 a.	m. on the earlier of: (b)	The 90th day after the
cd MHY 30+	n 2024	<u></u>		
·		Y /		
	Signature of a member	or authorized representa	tive of a member	