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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
APR 1 5 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: VHERN MODING UC 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:
Candace Gibbs Name of Person
Napaul Grup of Companes
643 W OAK TENACE Dr. Al
Leesburg Fl 34748  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Candace Gibbs  Name of Person  at (357) 409 - 801  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$Certificate of Status & \$\Bigcup \$Certificate of Status & \$\Bigcup \$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

2022 APR -4 AM 6: 15

VH & RH Nold	ings UC	SECRETARY OF ST	ATE
/ (Name of the Limit	ed Eisbility Company as it now (A Florida Limited Liability Com	<u>appears on 研究に合成性</u> の pany)	rL
The Articles of Organization for this Limited Li Florida document number L22001	ability Company were filed 10455	on <u>3/3/22</u>	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liability comp	any here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company	," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applic	able:		····
(Principal office address MUST BE A STREE	T ADDRESS)		·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
	<del></del>		
B. If amending the registered agent and/or ragent and/or the new registered office address		our records, enter the name	of the new registered
Name of New Registered Agent:	Rancie H	emandez	
New Registered Office Address:	Ex	ster Florida street address	
1 (marcol - 107 mg)	City	, Florida	Zip Code
(correct name)	Cit		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.

11 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
MGR	Hernandez, Randie	3069 N E 37th P/	DKdd
		Wildwood, FC 34785	□Remove
			Change
			□Add
			Remove
			DChange
			🗆 Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
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			🗆 Add
			□Remove
			Change

<del></del>		
<del></del>		
(If an effective	late, if other than the date of filing:	,0207 ed as
ne record spe ord 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	r the
Dated M	larch 30, 37	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00