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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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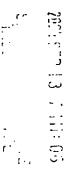
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COVER LETTER

TO: Registration : Division of Co			
SUBJECT:	VACIGITE	FCH 110	
	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	
	18	(2) SE 14 TH ST	
		Address	
	CAPE	CORAL, 19 33990	
	101	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
	PAND LIZAY	at (727) 470 -8210	
Name	of Person /	Area Code Daytime Telephone No	umber
Enclosed is a check for	the following amount:		
₩\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
Mailing Addr		Street Address:	
Registration		Registration Section	 .
Division of P.O. Box 63	Corporations	Division of Corporations The Centre of Tallahassee	
Tallahassee,		2415 N. Monroe Street, Su	ite 810 💮
	, - = -	Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(YACIX	THECH LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on or Limited Liability Company)	ur records.)
	1	J
The Articles of Organization for this Limited Liability C	ompany were filed on <u>3/8</u>	and assigned
Florida document number	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	d office address on our record	s, enter the 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 str	vet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	20
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and conference of the obligations of my position as registered agong filed to merely reflect a change in the registere	omplete performance of my di gent as provided for in Chapto	ity. I further agree to comply with the uties, and I am familiar with and er 605, F.S. Or, if this document is
company has been notified in writing of this change.	,	
		···
	If Changing Registered Agent, Si	gnature 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
<u>AMBR</u>	DAVIO J LEVEY	18215E 14TH	🗆 Add
	,	1821 SE 14TH ST CAPE COUAL, FL 3399	3990 □Remove
			Change
			□Add
			Remove
			□Change
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faatiya dat	e, if other than the date	of filing.		(autional)	
n effective da	ate is listed, the date must be spe	ecific and cannot be prior to o	date of filing or more than 90	(optional) days after filing.) Purs	uant to 605.020
	late inserted in this block do ffective date on the Departm		e statutory tiling requiren	ients, this date will i	not be listed as
ecord specions filed.	fies a delayed effective date,	but not an effective time	, at 12:01 a.m. on the earl	ier of: (b) The 90th	h day after the
ted	Serringe	(9, 2024			
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	Signat	ure of a months of authorize	ed representative of a memb		
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_			/		
<u> </u>		JAVIY	wy		_ -
		Typed or printed r	name of signer	<u> </u>	- <u>-</u>