Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230002913843)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

C. .

Account Name : EQUIPTRADE AMERICA INC

Account Number : I20230000068

Phone : (954)990-5117 Fax Number : (954)368-2360

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

VHR LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 07 |
| Estimated Charge | \$25.00 |

$^{\circ}$ COVER LETTER

| TO: | | istration Sec ision of Curp | | | | .9 |
|----------------|-------------------|---------------------------------|---|---|------------------|-----------------|
| ; | | VHR LLC | | | | |
| SUBJE | CT: | | Name of Lim | ited Liability Company | | |
| The enc | losed | I Articles of A | Amendment and fcc(s) are sub- | mitted for filing. | | |
| Please r | eturn | all correspon | dence concerning this matter | to the following: | | |
| | | | ROSALBA CARRASQUE | | | |
| | | | | Name of Person | | - |
| | | | HC FINANACIAL SERVI | | | |
| | | | *** | Firm/Company | | - |
| | | | 4700 N HIATUS ROAD, S | BUITE 155 | | |
| | | | | Address | | - |
| | | | SUNRISE, FLORIDA, 33 | 351 | | |
| | | | | City/State and Zip Code | | - |
| | | | hofinanacialservicesti@gmi | all.com o be used for future annual report notifier | mion) | |
| For furt | her ir | iformation co | neeming this matter, please ca | | <u></u> | |
| | | Carrasqu | | 954 6255177 | | |
| | | Name of | Person | at () Area Code Daytime T | Celephone Number | ŧ |
| Enclose | d is a | check for the | : following amount: | | | |
| ∃ \$ 25 | i.00 F | filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | ate of Status & |
| | | | | • | | |
| | <u>Mai</u> Reg | iling Address: gistration So | i ection | Street Address: Registration Secti | on | |

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

| VHR LLC | | |
|---|--|---------------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on | and assigned |
| Florida document number L22009119734 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | fity 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 | | - |
| | | , , |
| B. If amending the registered agent and/or registered office a | | |
| gent and/or the new registered office address here: | | - or the most pegaret |
| | | ري . |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | . Q |
| | , Florida _ | |
| | City | Zip Code |
| tow Registered Agent's Signature, if changing Registered Agent: | | |
| hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p | performance of my duties, and Lum | familiar with and if this document is |

If Changing Registered Agent, Signature of New Registered Agent

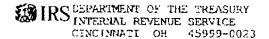
MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|---------------|-------------|-----------|----------------|
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| ffective date, if other than the date of filing: an effective date is listed, the date must be specific and earnot be prior to date of filing or mure than 91 days after filine). Pursuant to 605/1207 ofte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tocument's effective date on the Department of State's records. record 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 is filed. HAGHICHEN VIE VOLKER Signature of a member or authorized representative of a member. | | CHANGE EIN NUMBER |
|---|-------|--|
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| 110 /// | | Signature of a member of will prove dependent to a far member |
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Date of this notice: 07-26-2023

Employer Identification Number:

93-2576332

Form: S5-4

Number of this notice: CP 575 G

VHR LLC UVE V HAEHNCHEN SOLE MBR 1907 S 24TH TER HOLLYWOOD, FL 33020

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS MOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 93-2576332. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your ETN and complete name and address exactly as shown access. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one ETN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Slection, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3576 (TTY/TDD 1-800-829-4059) or visit your local IRS office.