KARCCO 155176

(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Marrie)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
avenue con		DO VSRP LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	LOVETTE DOBSOPN		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249 S		
	HOUSTON, TX 77064	Address	
		City/State and Zip Code	
	EFILE1234@INCFILE.CO	M	
	E-mail address: (to be used for future annual report not	tilication)
For further information of	oncerning this matter, please c	all:	
LOVETTE DOBSON		at () 888-462-34	53
Name c	of Person	Area Code Daytir	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)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration So	ection
Division of C	Corporations	Division of Co	prporations
P.O. Box 632 Tallahassee.		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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OR	LANDO VSRP LLC	Comments of Samuel
(<u>Name of the Limited Liabil</u> (A Florid	I.ANDO VSRF LEC lity Company as it now appears on our reco la Limited Liability Company)	TALLAHASSEE. FL
The Articles of Organization for this Limited Liability C	Company were filed on 03/31/2022	and assigned
Florida document number 1.22000155176	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	C . 12 . 1	
	Enter Florida street ade	
	,	Florida 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
AMBR	PATRICIA ARTEAGA DE AWAD	1150 NW 72ND AVE TOWER 1 STE 455 #6327	□Add
		MIAMI, FL 33126	Remove
			□Change
			□Add
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ffective date, if other than the date in effective date is listed, the date must Sote: If the date inserted in this blockwhent's effective date on the Dep	be specific and cannot be p ck does not meet the ap	rior to date of filing or plicable statutory fil	more than 90 days after	filing.) Pursu	ant to 60: of be list	5.0207 ted as
record specifies a delayed effective d is filed.	date, but not an effective	ve time, at 12:01 a.n	n, on the earlier of: (b)	The 90th	day afte	er the
	2022					
Pated MAY 24	·	•				