L22000171891

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T. MATTHEWS

JUL 11 2022

COVER LETTER

TO: Registration Se Division of Cor			
· VAT GRO	UP LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Djoni Austin		
		Name of Person	
	VAT GROUP LLC		
		Firm/Company	<u> </u>
	10805 Dorman Meadow Lt	1	
		Address	
	Lithia, FL 33547		
	djoni.austin@gmail.com	City/State and Zip Code o be used for future annual report noti	Figurian)
For further information of	concerning this matter, please ca	·	incation)
Djoni Austin		727 9024335	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	<i>L 1</i>	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION SECRETARY OF STATE OF S

VAT GROUP LLC

22 MAY 11 AM 9: 16

	Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L22000171891	oility Company were filed on April 11, 2022	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ele:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO		
B. If amending the registered agent and/or regi	istered office address on our records, enter th	
agent and/or the new registered office address l		
agent and/or the new registered office address by Mame of New Registered Agent:		
	Enter Florida street address	

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 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
AMBR	Djoni Austin	10805 Dorman Meadow Ln Lithia, Fl 33547	= Add
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ffective date, if other t	nan the date of filing: (optional)
an effective date is listed, the Sote: If the date inserted i	han the date of filing:
record specifies a delayed his filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
May 4th	2022
	- And
IVATV	~ 1/1/V ~
*\/-\ \	Signature of a member or authorized representative of a member

Typed or printed name of signee