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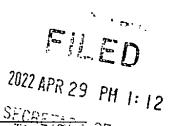
236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



VAC1954 LLC

(Name of the Limited ) (A	Liability Compa Florida Limited	any as it now appears on our recor- Liability Company)	ds) TALLAHASSEE, FL
The Articles of Organization for this Limited Liabi Florida document number L22000173435	lity Company	were filed on <u>04/26/2022</u>	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	2618 NE 191 ST	
(Principal office address MUST BE A STREET A		MIAMI, FL 33180	
Enter new mailing address, if applicable:		2618 NE 191 ST	
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	MIAMI, FL 33180	
B. If amending the registered agent and/or registagent and/or the new registered office address h	stered office a ere:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	OOV GRUSHK	(A	
New Registered Office Address:	618 NE 191 S		
		Enter Florida street addres	ss
<u></u>	AIAMI	, FI	orida <u>33180</u>
		City	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 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
AMBR	ELI RAN	13101 S OCEAN DRIVE APT 2407	□Add
		HOLLYWOOD, FL 33019	<b>≡</b> Remove
			□Change
AMBR	DOV GRUSHKA	2618 NE 191 ST	□Add
		MIAMI, FL 33180	<del>-</del>
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fective date, if other than the d	ate of filing:		_ (optional)
n effective date is listed, the date must b	be specific and cannot be prior	to date of filing or more than 90 c	lays after filing.) Pursuant to 605,0207
ote: If the date inserted in this bloc cument's effective date on the Dep	artment of State's records.	iole statutory filing requireme	ents, this date will not be listed as
ecord specifies a delayed effective of	date, but not an effective tir	ne, at 12:01 a.m. on the earli-	er of: (b) The 90th day after the
is filed.			
APRIL 28	2022		
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Filing Fee: \$25.00