L22000191003

(Requestor's Name)
(Address)
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, ,
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: VM	Audit LL(ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt		
Please return all correspo	ndence concerning this matter	to the following:	
	Veronica N	Name of Person	
		Firm/Company	
	711 NW. 19th	Address	
	Fort Lauder	dal, FL 33 City/State and Zip Code	311
	Umills craig 76 E-mail address: (1)	Q yahoo. Com	notification)
For further information c	oncerning this matter, please co		
Vermica M	, Craig	at (<u>954</u>) 7-44 Area Code Day	1-2688
Name o	i rerson	Alea Code Day	Anne receptone ramber
Enclosed is a check for the	he following amount:		1
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

FILED

2022 MAY 16 AM 9: 40

1 , , , ,	_	morrison will 3. 44
VMC AUDIT LL	Company as it now appear	SECRETARY OF STATE
(Name of the Estinted Clapbilly (A Florida Li	mited Liability Company)	ALLANASSEC, FL
he Articles of Organization for this Limited Liability Conlorida document number <u>L22000191003</u>	npany were filed on $\underline{0}$	lphil 21, 2622 and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company h	ere:
VERONICA M. CRAIG MINIST he new name must be distinguishable and contain the words "Limited	RY LLC d Liability Company," the o	designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDRE.</u>	<u>.S.S)</u>	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered or gent and/or the new registered office address here:	office address on our 1	records, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Fle	orida street address
		P1 * 1
	City	, 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
			□Add
			□Remove
			□Add
			□Remove
			□ Change
			□Add
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		t at to			_
Sective date, if other than the date of filing: n effective date is listed, the date must be specific and contect. If the date inserted in this block does not measurement's effective date on the Department of Sta	et the applicable	ate of filing or more the statutory filing requ	(optional) in 90 days after filing.) irements, this date v	Pursuant to 6 will not be 1	505.020 isted a
ecord specifies a delayed effective date, but not are stilled.	n effective time,	at 12:01 a.m. on the	earlier of: (b) The	90th day a	fter the
ed May 1]	2022				
Signature of a me	mber or authorize	d representative of a n	nember		

Filing Fee: \$25.00