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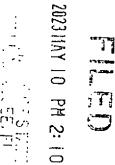
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Special Instructions to Fili	ing Officer:	

Office Use Only



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Y. SCOTT

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COVER LETTER

TO: Registration Se Division of Co				
JHONNER	JOSE CALDERA ZAMBRAI	NO LLC	·	
SUBJECT:	Name of Lim	nited Liability Company		•
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Christopher Flores			
		Name of Person		
		Firm/Company	7023 t	
	7901 4th St N suite 300.St	uite 300	2023 HAY 10	
		Address	• • •	
	St. Petersburg FL 33702			
		City/State and Zip Code		•
	velocrestorations@gmail.ec E-mail address: (om to be used for future annual report not	ification)	,
For further information of	concerning this matter, please c	all:		
CHRISTOPHER FLOR	ES	941 7798003		
Name c	of Person	at () Area Code Daytin	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)	☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclos	
Mailing Addre Registration		Street Address: Registration Se	ection	
Division of C	Corporations	Division of Co	rporations	
P.O. Box 632 Tallahassee.		The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JHONNER JOSE CALDERA ZAMBRANO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on $\frac{06/29/2022}{}$ and assigned
Florida document number L22000293810	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
VELOC RESTORATIONS LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7901 4th St N suite 300, Suite 300 St. Petersburg, FL 33702
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7901 4th St N suite 300,Suite 300 St. Petersburg, FL 33702
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new registered</u>
New Registered Office Address:	Enter Florida street address Florida City Zip Götle
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agroup provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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
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			□Remove
			□Change
			□Add
			□Remove
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			ZOZZ Add Remove Remove Change
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fective date, if ot	her than the date	of filing: _				(optional)		
in effective date is list	ther than the date ted, the date must be sp erted in this block d	pecific and cann	ot be prior to	date of filing or i	nore than 90 day	s after tiling	.) Pursua	nt to 605,020
	date on the Departi			ie statutory im	ng requiremen	is. tills date	WILLIO	t be fisted a
	elayed effective date	e, but not an e	ffective time	e, at 12:01 a.m.	on the earlier	of: (b) Th	ne 90th	day after the
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l is filed.	6:	ture of a method	JC V	ed representativ				

Filing Fee: \$25.00