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(Address)

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2022 SEP -6 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VTRT LAND, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dan P. Heller, Esq.

Name of Person

Heller Espenkotter, PLLC

Firm/Company

3250 Mary Street, Suite 204

Address

Coconut Grove, FL 33133

City/State and Zip Code

sissy@hellerlawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sissy Alicea, FRP

305 777-3765

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

VTRT LAND, 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 June 30, 2022 and assigned
Florida document number 122000296088.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

38909 SW 214 Avenue

(Principal office address MUST BE A STREET ADDRESS)

Homestead, FL 33034

Enter new mailing address, if applicable:

38909 SW 214 Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Homestead, FL 33034

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FL
F-1

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>	<u>Address</u>	<u>Type of Action</u>
MGR	GAETANO TALARICO, TEE	19285 SW 272 STREET	<input type="checkbox"/> Add
		HOMESTEAD, FL 33031	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARMEN TALARICO, TEE	19285 SW 272 STREET	<input type="checkbox"/> Add
		HOMESTEAD, FL 33031	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LEONARD TALARICO, TEE	19285 SW 272 STREET	<input type="checkbox"/> Add
		HOMESTEAD, FL 33031	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LEONARD TALARICO	38909 SW 214 Avenue	<input checked="" type="checkbox"/> Add
		Homestead, FL 33034	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00