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(Requ	uestor's Name)	
(Addi	ress)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doct	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
		:

Office Use Only





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COVER LETTER

	gistration Section	
SUBJECT:	Name of Limited Liability Company	
The enclose	d Articles of Amendment and fee(s) are submitted for filing.	
Please return	all correspondence concerning this matter to the following:	
	Name of Person	
	Firm/Company	
	1425 De Leon St. Address	22 SE
	Clearwater, FL 33756	22 SEP 12 PH 3: 30
	City/State and Zip Code City/State and Zip Code Naren. nc13@icloud. Com E-mail address: (to be used for future annual report notification)	PH 3:
For further i	nformation concerning this matter, please call:	30
Nar	Name of Person at (727) 291-5139 Area Code Daytime Telephone Number	
1	a check for the following amount:	
∯ \$25.00	Filing Fee \$\Bigcup \$30.00 \text{ Filing Fee & Bound Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)} \$\Bigcup \$60.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)	atus &
	gistration Section Street Address: Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

V.C. and 1) S Irun	is port LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as'it now appears on our records.) liability Company)		
The Articles of Organization for this Limited Liability Company	and assigned		
Florida document number <u>L 22000311432</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
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:	1425 De Leon Clearwater, FL	St.	
(Principal office address MUST BE A STREET ADDRESS)	Clearwater, FL	33756	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		22.0	
		S G	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	luaress on our records, <u>enter the na</u>	PA AGE	
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	Enter Florida street address		
	, Florida _		
	City	Zip Code	

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>	<u>Name</u>	Address	Type of Action
MGR	Carlos J. Melendez		🗹 Ādd
		Clearwater FL 33756	□Remove
			□Change
			□Add
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Note: If t	the date inserted i	han the date of the date must be specified in this block does to the Department	not meet th	e applicable		more than 9 ling require	(option days after fi ments, this o	ling.) Pursua	int to 6 it be li	05.0207 sted as
record s d is filed.	•	effective date, bu	t not an eff	ective time.	at 12:01 a.r	n. on the ea	rlier of: (b)	The 90th	day af	er the
Oated	Sept	(e)	. <u>2</u> l'. S	012						
		//Signature	of a membe	r or authorize	ed representat	ive of a mem	ber			
			-							