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(Request	or's Name)
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4/14/23 VLLh FILED 2023 FEB -9 AM 9: 08

COVER LETTER

Division of Corp	orations		
SUBJECT: VE	2++dd LL (Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor		to the following: DONOUGH Name of Person	
		Firm/Company	
	Baynton	Address Reach FL City/State and Zip Code	33435 h 720 gmail.com
For further information co	e-mai andress: (•	gh 720 gmail.com
Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for th	e 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	:	Street Address:	

Registration Section

TO:

Mailing 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

Vettod L	LC.	
(Name of the Limited Liability Compa	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number _ L 22003442 This amendment is submitted to amend the following:	were filed on <u>3</u> 613 7	and assigned DOTE OF NOTICE 15 10 - 20 - 202
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liab		n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		4.45
(Principal office address MUST BE A STREET ADDRESS)		20 23
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		EB -9 AM 9: 08
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	111
Name of New Registered Agent:		<u>.</u>
New Registered Office Address:	Enter Florida street	address
		, Florida
	Cîty	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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			Remove
,			
			□Remove
			□Change
			□Add
			□Change
			□Add
		□ Remove	
			Change
			□Add
			□Remove
			Change

Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if no	ecessary.)
	
	····
	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	otional) fler filing.) Pursuant to 605.0207 (3)(b this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:03 (b) The 90th day after the record is filed.	1 a.m. on the earlier of:
Dated $2 - 6 - 23$	
Signature of a member or authorized representative of a member	·
50hn (55) Mcdonouch Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00