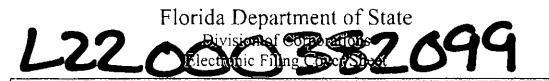
Division of Corporations



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(((H22000325126 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WARD, DAMON & POSNER, P.A.

Account Number : 072262000447 : (561)842-3000 Fax Number : (561)842-3626

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Vfranco Oward damon, com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VERTICAL VISIONARY DEVELOPMENT, LLC

Certificate of Status	1
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VERTICAL VISIONARY DEVELOPMENT, 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  $\frac{8/30/2022}{2}$ \_\_\_\_ and assigned Florida document number 1.22000382099 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 , Florida City 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 H 220003251263

<u>Title</u>	Name	Address	Type of Action
MGR	Mario Fernando Gallego	5067 Grant Lane	□Add
		West Palm Beach, FL 33415	□Remove
			≣Change
			□ Add
			🗀 Remove
			□Change
<del></del>			
			©Remove
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			□Remove
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			□Add
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			□Change

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. If amending a	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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· · · · · · · · · · · · · · · · · · ·	
Note: If the da	te 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 (2) the inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ective date on the Department of State's records.
he record specific ord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Septemb	ber 20 2022
7	Signature of a member or authorized representative of a member
Phil	lip H. Ward
	Typed or printed name of signee

Filing Fee: \$25.00 H220003251263