

L22 000459788

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DATE: 08/09/2024

NAME: VRMMM FLOORING LLC

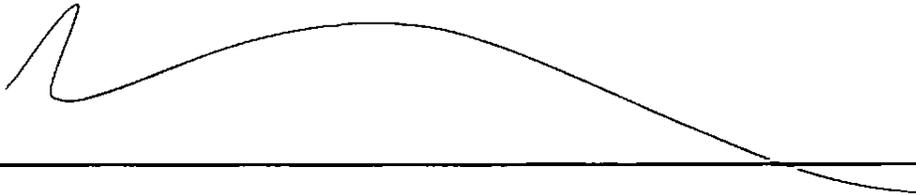
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VRMMM FLOORING LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Leslie Lohn

Name of Person

Law Office of Leslie Lohn, LLC

Firm/Company

1460 S. McCall Rd #2E

Address

Englewood, FL 34223

City/State and Zip Code

vrmmmflooring@gmail.com

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

For further information concerning this matter, please call:

Michael McIntire

941 357-4792
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 &
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(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**

FILED
2024 AUG -9 AM 11:33

VRMMM FLOORING 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 10/25/2022 and assigned Florida document number L22000459788.

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MICHAEL M. MCINTIRE	4284 Cuthbert Ave, North Port, FL 34287	<input type="checkbox"/> Add
		(Note, changing title only)	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	REESE P. WAINUSKIS	2620 Executive Dr, 4202, Venice, Florida 34292	<input type="checkbox"/> Add
		(Note, changing title and correcting name spelling)	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	VERNON L. ROWE	REMOVE	<input type="checkbox"/> Add
			<input checked="" 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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

For reference, there was a typo in the spelling of REESE P. WAINUSKIS (original filing had RESSE).

This amendment is intended to correct the spelling of REESE P. WAINUSKIS, correct the titles of both REESE P. WAINUSKIS and MICHAEL M. MCINTIRE, and remove VERNON L. ROWE .

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated August 8th 2024



Signature of a member or authorized representative of a member

MICHAEL M. MCINTIRE

Typed or printed name of signee