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		istration Sectision of Corpo		·		
OF THE TIME		VCF HOLDI	NGS, LLC		•	-
SORTE	Ll:		Name of Limit	ted Liability Compa	any	
The encl	losco	l Articles of Λ	mendment and fee(s) are subt	mitted for filing.		
Please re	eturn	all correspon	dence concerning this matter t	to the following:		
			KATHLEEN H. COLD			
				Name of Per	son	
			LIPPES MATHIAS LLP			
				Firm/Compa	ny	
			10151 DEERWOOD PARI	K BLVD., BLDG	. 300, SUTTE	300
				Address		
			JACKSONVILLE, FLORI	DA 32256		
				City/State and Z	ip Code	
			kcold@lippes.com			
			E-mail address: (to be used for future	e annual report	notification)
For furt	her i	nformation co	ncerning this matter, please ca	all:		
KATHI	LEE	NH. COLD		904 at ()	265-5681
		Name of	Person	Arca Co	ode Day	ytime Telephone Number
Enclose	ed is	a check for the	c following amount:			
€ \$25	5.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Fili Certified ((additional c	_	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Re Di P.	ediing Addresses sistration Society vision of Co O. Box 632'dlahassee, F	ection orporations 7) 1 1 2	The Centre of	Section Corporations of Tallahassee nroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VCF HOLDI	•		
Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appo lity Company	ars on our records.))	
The Articles of Organization for this Limited Liability Company wer	e filed on_	NOVEMBER 3, 2022	and assigned
Florida document numberL22000473374			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company	<u>here</u> :	
VFC HOLDINGS, LLC			
The new name must be distinguishable and contain the words "Limited Liability C	Company," the	designation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:			
			20
Principal office address MUST BE A STREET ADDRESS)			
-		· · · · · · · · · · · · · · · · · · ·	<u> </u>
		7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	~ ~
Enter new mailing address, if applicable:		\(\frac{1}{2}\)	
Mailing address MAY BE A POST OFFICE BOX)		co m	
		171	
- -			}
3. If amending the registered agent and/or registered office addingent and/or the new registered office address here:	ress on our	records, enter the name	of the new regist
Name of New Registered Agent:		· ·· ·· ·	
New Registered Office Address:	**		
	Enter F	lorida 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>	Address	Type of Action
			□Add
			□Rcmove
			□Change
			□Add
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<u> lote:</u> l	ve date, if other than the date of filing:
record Lis file	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 ed.
ated _	November 22 2022 Signature of a member or authorized representative of a member
	PHILIP C. VISALI

Filing Fee: \$25.00