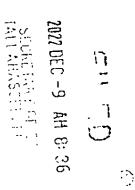
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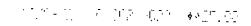
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PICK-UP	WAIT	MAIL
/Bu	siness Entity Name)	
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(Do	cument Number)	
ertified Copies	Certificates of S	Status
Special Instructions to Filin	ng Officer:	
	J. HORNE	
	J. HUNIE	
	DEC 1 2 2022	
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Office Use Only



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GORPORATE

When you need ACCESS to the world

ACCESS,

INC.

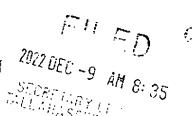
236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

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	P	ICK UP:	MISTY 12/9	_	
	CERTIFIED COPY			818.7	
XX	PHOTOCOPY CUS				
XX	FILING	LLC A	AMEND		
1.	VMG LAND, LLC (CORPORATE NAME AND DO	OCUMENT #)			
2.	(CORPORATE NAME AND DO	OCUMENT #)			
3.	(CORPORATE NAME AND DO	CUMENT #)		· · · · · · · · · · · · · · · · · · ·	
4.	(CORPORATE NAME AND DO	CUMENT #)			
5.	(CORPORATE NAME AND DO	CUMENT #)			
6.	(CORPORATE NAME AND DO	CUMENT #)			
SPECIAI INSTRU	CTIONS:				
	- -				

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



VMG Land, 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 l	Liability Company were filed on 12	/02/2022 and assigned
Florida document number L22000507749	,·	
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company he	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
	-	
B. If amending the registered agent and/or agent and/or agent and/or the new registered office addre		ecords, enter the name of the new registered
Name of New Registered Agent:	Corporate Creations Network Inc.	
New Registered Office Address:	801 US Highway 1	
	Enter Flor	ida street address
	North Palm Beach	, Florida 33408
	City	Zip Code

N

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.

nanging 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
	· ·		
			□Remove
			□ Change
			□Add
			Remove
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Vote:	ive date, if other than the date of filing: [cetive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
recor	d 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 led.
d is fi	
1 IS f1	
1 15 f1	
1 15 f1	- Kla
d is fil	Signature of a member or authorized representative of a member

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