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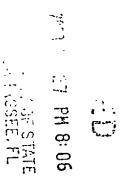
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R. HURT 07/27/23

## **COVER LETTER**

Div	ision of Cor	porations	a*			
SUBJECT:	V Advisory	Group LLC	•			
		Name of Limited Liability Company	<u> </u>			
		Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:				
		Richard V. Varos, Jr.				
		Name of Person				
		V Advisory Group LLC				
		Firm/Company				
		470 Water St.			7.5	
		Address		<del></del> .	لأبأه	
		Celebration, Florida 34747		• • • • •	rs	
		City/State and Zip Corvaros@yahoo.com			7 PH	
For further in	formation co	E-mail address: (to be used for future ann oncerning this matter, please call:	ual report notification)	- STATE	8: 06	**************************************
Richard V. V	aros. Jr.		231-1760			
	Name of	Person at () Area Code	Daytime Telephone Nu	ımber	-	
Enclosed is a	check for the	e following amount:				
□ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fe Certificate of Status	Cert	00 Filing Fc tificate of St tified Copy		

Mailing Address:

. . . . . . . . .

**Registration Section** 

TO:

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

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa			
(A riorida Elimica I	ny as it now appears on our recortability Company)	ds.)	<del>,</del>
The Articles of Organization for this Limited Liability Company Torida document number L23000012567			and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liabi	lity company here:		
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC	or the abbrev	iation "L.L.C."
Inter new principal offices address, if applicable:			3
Principal office address MUST BE A STREET ADDRESS		1	
			7
		ő E	P [-1
nter new mailing address, if applicable:			8 7
Mailing address MAY BE A POST OFFICE BOX)	<del></del>		9
	ldross on our roserds and	the name of	
. If amending the registered agent and/or registered office and and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:			the new regis
	Enter Florida street addres	5	the new regis
Name of New Registered Agent:	Enter Florida street addres	s orida	
Name of New Registered Agent:	Enter Florida street addres	s orida	ip Code

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
AMBR	Lisa A. Varos	470 Water St.	
		Celebration, FL 34747	■Remove
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			□Remove
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ecord specifies a delayed effects filed.	tive date, but not an e	effective time,	at 12:01 a.m. on	the earlier of:	(b) The	90th da	y after the
ted July 25		023					
	V Van		7				

Filing Fee: \$25.00

Typed or printed name of signee