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2024 AUG 30 AM 9: 42

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COVER LETTER

TO: Registration Se Division of Cor	rction porations
VESSEL V SUBJECT:	'ANGUARD GROUP, LEC
<u></u>	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ndence concerning this matter to the following:
	Frederick Heine
	Name of Person
	Firm/Company
	24301 Walden Center Drive, Suite 101
	Address
	Bonita Springs, FL 34134
	City/State and Zip Code rheine@baxterbusinessgroup.com
	E-mail address: (to be used for future annual report notification)
For further information co	ncerning this matter, please call:
Frederick Heine	at (239) 641-0179
Name of	Person Area Code Daytime Telephone Number
Enclosed is a check for the	: following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (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 Tallabassan El 20214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VESSEL VANGUARD GROUP, LLC

FILED

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) 2024 AUG 30 AM 9: 42

The Articles of Organization for this Limited Liability Company were filed on AM 9: 42

[ALL AHASSES 6]

Florida document number 1.23000051289	TALL AT	ASSEE, FL
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
VVG Legacy, LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility 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 agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	Υ
	Fla	orida
	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 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
			□Change
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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ie date of ming: just be specific and ca block does not mee	unnot be prior to et the applicabl	late of filing or mor	(option e than 90 days after for requirements, this of	ling.) Pursuant to 605.0)207 (3)(1 i as the
the record specifies a delayed effect ecord is filed.	ive date, but not ar	r effective time	, at 12:01 a.m. or	the earlier of: (b)	The 90th day after t	the
Dated August 28		2024				
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Typed or printed name of signee