Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VG MANAGEMENT LLC

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Electronic Filing Menu Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| *VG MANAGEMENT LLC | * | |
|---|--|------------------------------|
| (<u>Name of the Limi</u> | ted Liability Company as it now appears on our record (A Florida Limited Liability Company) | <u>r)</u> |
| The Articles of Organization for this Limited L Florida document number | iability Company were filed on 01/27/2023 | and assigned |
| This amendment is submitted to amend the foll | owing: | |
| A. If amending name, enter the new name o | f the limited liability company here: | |
| The new name must be distinguishable and contain the v | words "Limited Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | rable: | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | al sa |
| | | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | registered office address on our records, <u>enter registere</u> : | • |
| | | 2023 . |
| Name of New Registered Agent: | Corporate Creations Network Inc. | <u> </u> |
| New Registered Office Address: | 801 US Highway 1 | <u></u> ! |
| | Enter Florida street address | |
| | North Palm Beach , Flo | rida 33408 🥺 |
| | 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.

Taska Cdwards Taska Edwards, Special Secretary
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> | Name | Address | Type of Action |
|--|-----------|---|----------------|
| Manager | GUY GABAY | | □Add |
| | | 1150 Collins Avenue, Unit #405 Miami Beach, FL 33139 | ■Remove |
| | | | ☐ Change |
| ************************************* | | | □Add |
| | | | □Remove |
| | | | ☐ Change |
| | | | □Add |
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| | | | □Change |

| D. If amending any vinci in | formation, enter change(s) here: (Attach ad | unional sheets, y necessary.) |
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| F. Effective data if other th | on the date of filing: | (antional) |
| Note: If the date inserted in | date must be specific and cannot be prior to date of filing this block does not meet the applicable statutory in the Department of State's records. | or more than 90 days after filing.) Pursuant to 605.0207 (3)(filing requirements, this date will not be listed as the |
| f the record specifies a delayed of ecord is filed. | effective date, but not an effective time, at 12:01 a | i.m. on the earlier of: (b) The 90th day after the |
| Dated | 2023 | |
| | Tasha (dwards | |
| | Signature of a member or authorized represent | ative of a member |
| | Tasha Edwards, Attorney-in- | -Fact |

Filing Fee: \$25.00

Typed or printed name of signee