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of 7/23/2023

COVER LETTER

TO:

TO: Registration Section Division of Corporati	ons		
SUBJECT: Vice (1	ty Enter Prises	146	
. <u>- 1,00 </u>	Name of Limi	ited Liability Company	
The enclosed Articles of Amend	Iment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	concerning this matter	to the following:	
_	Chlistian	Figue 1001 Name of Person	
	Vice City	/ Enterplises, LL Firm/Company	<u>-</u> C
_	19038 Nh	1 52nd PL Address	
	Miami Gald	PMS FL 3300	69
	E-mail address: (i	City/State and Zip Code HOLL SOS LL C Q Q to be used for future annual report note	mailiam fication
For further information concern	ing this matter, please ca	dl:	
Christian Figue	1001	at (786) 7702	001
Name of ¥ersor	1	Area Code Daytim	e Telephone Number
Enclosed is a check for the follo	owing amount;		
№ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration Sectio	n	Street Address: Registration Sec	etion .
Division of Corpor		Division of Cor	
P.O. Box 6327 Tallahassee, FL 32.	314	The Centre of T	allahassee e Street, Suite 810
rananasaee, ras Ja.		2410 14: MICHIO	- Succession OTV

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VICE CITY ENTERPRISES 12 C 2023 KMY 31 AM 10: 16
(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 Liability Company were filed on $02/15/2023$ and assigned Florida document number $L2300082693$.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
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 address on our records, enter the name of the new registered agent and/or the new registered office address here:
agent and/or the new registered office address nere.
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
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
VB_	Jacqueline Figueroa	19038 NW 52nd PL	🗆 Add
		19038 NW S2nd PL Miami Gardens, FL	🗗 Remove
		<u> 33069</u>	
			□ Add
			□Remove
			□Change
			□ Add
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ecor is fi	rd specifies a de led.	elayed effective da	ite, but not an c	effective tim	e. at 12:01 a.m.	on the earl	ier of: (b)	The 90th day	after the
	09/2	3/202	3			(/	1		

Filing Fee: \$25.00