Florida Department of Spate

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

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

Email A	\ddress:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VTL GENERAL CONTRACTING LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VTL GENERAL CONTRACTING LLC

(Name of the Limited Liability Company ay it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com	pany were filed on <u>03/21/2023</u>	and assigned
Florida document number <u>L23000143468</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LI	.C" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>ente</u>	
Name of New Registered Agent:		2023
		P :
New Registered Office Address:	Enter Florida street addi	ess 1
		Horida 💢 📆
	Chy	lorida Zip Code.
New Registered Agent's Signature, if changing Registered A	7	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my duties, t as provided for in Chapter 605	and I am familiar with and , F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Vladimir Dulcio	7901 4th St N STE 300	X Add
		St. Petersburg, FL 33702	□Remove
			□Change
MGR_	Vladimir Dulcio	7901 4th St N STE 300	※ Add
		St. Petersburg, FL 33702	Remove
			Change
			□ Add
			□Remove
			Change
			[]Add
			□Remove
			Change
			□Remove
		# 	ElChange
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ (aptional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated April 6 Signature of a member or authorized representative of a member Robin Jones Typed or printed name of signee

Filing Fee: \$25.00