L23000159229

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COVER LETTER

Division of Cor			
VCS IT, LI			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dana Hancock		
		Name of Person	
	VCS IT, LLC		
	•	Firm/Company	
	800 E 4th St		
	-	Address	
	Panama City, FL 32401		
		City/State and Zip Code	
	support@vcstechgroup.com	o be used for future annual report notific	ation)
For further information c	oncerning this matter, please ca	·	
Dana Hancock		850 855-7158	
Name o	f Person	at () Area Code Daytime T	Celephone Number
Enclosed is a check for the	-		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Secti	ion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VCS IT, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records iability Company)	<u></u>)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on March 30, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		, 73
		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter (</u>	he name of the new registere
		**
Name of New Registered Agent:		<u> </u>
Name Danistand Office Address		: (
New Registered Office Address:	Enter Florida street address	
	Flo	rida
	City	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, and rovided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is

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
MGR	Timothy J Gamer	4101 Dunford Circle	□Add
	-	Chipley, FL 32428	Remove
			□Change
			
			□ Remove
			□ Change
			□Add
			Remove
			Change
			□Ađd
			□Remove
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
			□Change

	Vertical Communications and Security: Document Number L16000027346 FEI/EIN Number 81-1412214
(If an o Note	tive date, if other than the date of filing:
f the receeded	rd 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 iled.
Date	September 1 7 2023

Filing Fee: \$25.00

Typed or printed name of signee