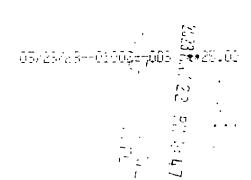
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(Re	equestor's Name)	• "
(Ad	ldress)	
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Special Instructions to	Filing Officer	





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MECHETAR, OF STATE

RECEIVED

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: VFAL Page Name of	2 facto LLC Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
VICTOR	Flavier ANCEL	in
	Firm/Company	
9944 R	ladfish MARSh Ci	26231LAY 22 PAT 4: 47
JACKSO	City/State and Zip Code ZLINOI & GMAIL COM ess: (to be used for future annual report notification)	22 Pa
UANCO E-mail addre	ess: (to be used for future annual report notification)	
For further information concerning this matter, plea		ţ .
VICTOR F. ANCELIN Name of Person	at (904) 5662502 Area Code Daytime Telephone	Number
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Statu	certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VFAL Parfacto La Name of the Limited Liability Compa	any as it now appears on our records.)	
	,	
The Articles of Organization for this Limited Liability Company	were filed on $4/7/2033$ and assigned	
Florida document number <u> </u>		
'		
Ç	must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." principal offices address, if applicable: ### ### ### ### ### ### ### ### ### #	
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company " the designation "LLC" or the abbreviation "LLC"	
	1444 RADISH MARSH	
(Principal office address MUST BE A STREET ADDRESS)	JAX J.C. 32219	
Patar nou mailing address if applicable.	. 73	
(Mailing address MAY BE A POST OFFICE BOX)		
R. If amending the registered agent and/or registered office.	address on our records enter the name of the new register	
agent and/or the new registered office address here:	address on our records, enter the name of the new register	·
• • • • • • • • • • • • • • • • • • • •	그 경찰 중	
Name of New Registered Agent: Vic7	OR F. ANCELIN "	
The street state of the state o	Enter Florida street address	
Tack	SOANIILE Florida 322	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	
provisions of all statutes relative to the proper and complete	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Qr, if this document is	ıe

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
MOR	VICTOR P. ANCElia	9944 Radfish MARSh c	<u>,e. Ø</u> ≦Add
		JAX fl. 32219	□Remove
			,
			
			□Remove
			□Change
			□Add
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			🗆 Add
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7. 22 Pr. 4:	At EIN: 92-2036642	
		
		
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Ite, if other than the date of filing:	Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional) than 90 days after filing.) Pursuant to 605.0
ition a delayed effective date, but not an effective time at 12:11 a.m. on the earlier at (b). The With day after the	e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on rd is filed.	the earlier of: (b) The 90th day after the
7	Dated $\frac{5/22/23}{2}$	
Signature of a member or authorized representative of a member	Michael Co	munhar

Filing Fee: \$25.00