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Fax Number

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From:

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Fax Number : (305)485-1098

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VALUE ADDED SYNERGY / VASYG, LLC.

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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VALUE ADDED SYNERGY / V					
(Name of the Lin	(A Florida Limited	any as it now appears on Liability Company)	our records.)	<del></del>	
The Articles of Organization for this Limited Florida document number L23000176939	Liability Company	were filed on 04/12/2	023	and assigned	
his amendment is submitted to amend the fo	llowing:	,			
. If amending name, enter the new name	of the limited liab	ility company here:			
N/A					
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	ation "LLC" or the ob	breviation "L.L.C."	
nter new principal offices address, if appi	N/A				
Principal office address MUST BE A STRE					
·					
nter new mailing address, if applicable:		N/A	· .		
Mailing address MAY BE A POST OFFICE	E BOX)	·		<del></del>	
	•	<del> </del>			
If amending the registered agent and/or	registered office :	address on our record	is, <u>enter the nam</u>	e of the new regist	
gent and/or the new registered office addr	ess nere:				
Name of New Registered Agent:	JHON A. ENRI	QUEZ ACOSTA	<u></u>	~>	
New Registered Office Address:	N/A		<del></del>	23	
Alexandre Circo Habiton.		Enter Florida str	vet uddress	<u> </u>	
			, Florida	$\frac{1}{3}$	
		Clh	, 2 1011444	Zip Code	
ew Registered Agent's Signature, if changing	Registered Agent:			- 3% 	
hereby accept the appointment as register	ad agent and now	na ta aas in shi	der I Combon man	• •	

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, Signatury 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
AMBR	ENRIQUEZ ACOSTA, JHON A	150 SE 2ND AVE STE 300	<b>5</b>
		MIAMI; FL 33131	□Remove
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