L23000224527

(Re	equestor's Name)	
,	,	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #)
PłCK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	1
	ocument Number)	
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:]
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Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 · Tallahassee, Florida 32301 (850) 224-8870 · 1-800-342-8062 · Fax (850) 222-1222

Vertical Developmer	nts LLC	 }
Please Debit FCA000	000003 For: 25	
Thank you Seth Neel	ev	
Stof		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
1.		Officer Search
A A		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by: SETH	08/07/23	UCC + or 3 File
Name	Date Time	UCC 11 Search
		UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VERTICAL DEVELOPMENTS, LLC

(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on ou ed Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Compa Florida document number 1.23000224527	ny were filed on May 8, $\frac{20}{2}$	223	_ and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designati	on "LLC" or the abbre		
Enter new principal offices address, if applicable:			2023	
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·		•	
,			1	
		:		
Enter new mailing address, if applicable:			. :	
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	 بر	
[FIGURE & MATERIAL DE ATOST OF FICE DOA]	· · · · · · · · · · · · · · · · · · ·			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records	s, <u>enter the name o</u>	f the new registere	
New Registered Office Address:	C			
	Enter Florida street address			
	City.	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agei	•		mp cour	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	— gree to act in this capaci ete performance of my du s provided for in Chapte	rties, and I am fan er 605, F.S. Or, if i	uiliar with and 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VYV Proyect Management, LLC	2333 Ponce de Leon Blvd.	
		Suite 630	= Remove
		Coral Gables, FL 33134	□Change
MGR	VYV Project Management, LLC	2333 Ponce de Leon Blvd.	C . 11
		Suite 630	
		Coral Gables, FL 33134	
			□Add
			□Remove
			□Change
		 	□Add
			□Remove
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ffective date, if other than an effective date is listed, the dat ote: If the date inserted in the ocument's effective date on t	te must be specific an his block does not	d cannot be prio meet the appli	cable statutory			
record specifies a delayed eff is filed.	fective date, but no	t an effective t	ime, at 12:01 a	i.m. on the earli	er of: (b) The	90th day after the
August 8		2023	N A			
August 8 ated						
ated		member or and	drizza represery	ative of a membe	ır	

Filing Fee: \$25.00