L23000264322

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06/20/23--01024--014 **25.00

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COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT: Vigi	lance Propert	ed Liability Company		
The enclosed Articles of Am Please return all corresponde		_		
riease retuin aii corresponde	nce concerning this matter is	o the following.		
	<u>Gasriel</u>	Name of Person		
	Vigila	Firm/Company/	er Vices	
		San Cristobal Address	Ave	
	Punta Go	City/State and Zip Code	9.83	(2) (2)
-	Vigilante in	o be used for future annual repo	rt notification)	[:] :: ::
For further information conc	erning this matter, please ca	11:		່ເລັ
Cabricl Con Name of Pe	de 170	at (<u>413</u>) <u>29</u> Area Code	7 - 55 8 5 Paytime Telephone Number	FT 8: 38
Enclosed is a check for the fo	ollowing amount:			
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is en	tus &
Mailing Address: Registration Sec		Street Addre Registratio	n Section	
Division of Corp	oorations		Corporations of Tallahassee	
P.O. Box 6327 Tallahassee, FL	32314		onroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vigilance Profest (Name of the Limited Linbility Comparing) (A Florida Limited Limite	Secvices y as it now appears on our reco	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000 264322</u> .		, 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 "L	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		~.)
(Principal office address MUST BE A STREET ADDRESS)		
		0.2
Enter new mailing address, if applicable:		<u>;</u>
(Mailing address MAY BE A POST OFFICE BOX)		ço
		ြင်း မာ လ
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>ent</u>	er the name of the new registered
New Registered Office Address:		
	Enter Florida street add	78.55
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	verformance of my duties. rovided for in Chapter 60.	and I am familiar with and 5. F.S. Or, if this document is
If Chan	ging Registered Agent, Signatur	e 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.	<u>Gabriel Cardeiro</u>	1072 Sun Cristobal Ave Puntu Gorda FL 33983	[\$\int Add
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ective date, if other than the date of effective date is listed, the date must be specif	filing:	(optional)	il) ng 1 Pursuant to 605 020
<u>Ie:</u> If the date inserted in this block does	not meet the applicable status	ory filing requirements, this do	ate will not be listed a
rument's effective date on the Departmen	t of state \$ records.		
cord specifies a delayed effective date, bu	it not an effective time, at 12:	01 a.m. on the earlier of: (b)	The 90th day after the
s filed.			
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	of a member or authorized repri	sentative of a member	
Signature	zor a member or aumorized repri	isentative of a memoer	تست

Filing Fee: \$25.00