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COVER LETTER

TO: I	Registration Se Division of Con	ection porations	, a	•
SUBJEC	· FLORIDA T:	HQ, LLC		
(VODIII.C	·	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter		
		MICHAEL LEPERA		
			Name of Person	
		FLORIDA HQ, LLC		
		·	Firm/Company	
		1101 SE 6TH TERRACE		
			Address	
		POMPANO BEACH, FL	33060	
			City/State and Zip Code	
		mlepera@att.net	to be used for future annual report	
For furthe	r information c	oncerning this matter, please ca	·	nonneation)
МІСНАЕ	L LEPERA		954 328-349	
	Name of	f Person	at () Area Ĉode Da	ytime Telephone Number
Enclosed i	s a check for th	ne following amount:		
■ \$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Tailing Address		Street Address	
	legistration S Division of C		Registration Division of 6	Section Corporations
	.O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA HQ, LLC

company has been notified in writing of this change.

ARTICLES OF ONO.

OF

LLC

(Name of the Limited Liability Company as it now appears on our records. VASCA (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	(1.1	06/14/2023	ORIDA
Florida document number 1.23000287622	ny were med on _		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 Lia	ability 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)			
	 -		
B. If amending the registered agent and/or registered offic	n nddunos an assa		en .
agent and/or the new registered office address here:	e auuress on our	recorus, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		<u> </u>	-
New Registered Office Address:			
	Enter Fl	orida street address	
		Florida	Zip Code
N	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a	te performance o	f my duties, and L	am familiar with and
being filed to merely reflect a change in the registered offic	ce address, I hero	by confirm that th	e limited liability

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARY LEPERA	1101 SE 6TH TERRACE	
		POMPANO BEACH, FL 33060	_
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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ffective date, if other than	the date of filing:		(opti	onal)
ffective date, if other than an effective date is listed, the date Note: If the date inserted in this	must be specific and cannot be block does not meet the	e prior to date of filing	g or more than 90 days after	filing.) Pursuant to 605.020
locument's effective date on the	2 Department of State's re	cords.	ming requirements, in	s date will not be listed a
record specifies a delayed effect is filed.	ctive date, but not an effec	tive time, at 12:01	a.m. on the earlier of: (b) The 90th day after th
a is fired,				
Dated	2023			
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	10000 - 1	or authorized represen	<u></u>	

Typed or printed name of signee