L23000338973

(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor					
VF AUTO	SALES LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ADA CARMONA				
		Name of Person	-		
	ACROSS CONNECTION	INTERNATIONAL			
	_	Firm/Company			
	285 EDISTO PLACE				
		Address			
	APOPKA FL 32712				
		City/State and Zip Code			
	ACIBIZ101@GMAIL.COM				
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ification)		
ADA CARMONA		407 304-7693 at ()			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 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)		
Mailing Addres Registration 9		<u>Street Address:</u> Registration Se	ection		
Division of C		Division of Corporations			
P.O. Box 632	27	The Centre of Tallahassee			
Tallahassee.	FL 32314	2415 N. Monre	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VF AUTO SALES LLC	2023 SEP 28 FH 5: 53
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.)
ne Articles of Organization for this Limited Liability Company orida document number $\frac{1.23000338973}{1.000000000000000000000000000000000000$	were filed on 07/18/2023 and assigned
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liab	oility company here:
e new name must be distinguishable and contain the words "Limited Liabil	lity Company "the designation "LLC" or the abbreviation "L.C."
	6827 PARTRIDGE LANE SUITE F
nter new principal offices address, if applicable: <u>rincipal office address MUST BE A STREET ADDRESS</u>)	ORLANDO FLORIDA 32807
nter new mailing address, if applicable:	8172 OAK POND CIR APT 809 ORLANDO FL 32821
<u> Iailing address MAY BE A POST OFFICE BOX)</u>	
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
_	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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 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
			□Add
			Remove
			□Change
			□Remove
			□Change
			□Remove
			Change
			Remove
			□ Change
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f an effective d Note: If the o	ate is listed, the d date inserted in	an the date of late must be speci this block does the Departmen	ific and cannot b s not meet the	applicable state	filing or more than utory filing requ	(option 90 days after the direments, this	nal) iling.) Pursuant to 0 date will not be l	605,0207 listed as
record speci d is filed.	fies a delayed o	effective date, b	ut not an effec	ctive time, at 12	2:01 a.m. on the	earlier of: (b)	The 90th day a	fter the
Dated	0	9/14 rus Vik	<u> 10</u>	23.				