L2300035772

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COVER LETTER

TO:

Registration Section
, Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	VSV Volo	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Serh	Name of Person	
	1 V2V	OLOna LLS	
	408 NE	Street & Address	pt 533
		erdale FL 33 City/State and Zip Code	304
		10 @ amail. com to be used for future annual report notice	fication)
For further information co	oncerning this matter, please co.	all:	
Serbii Vo	Person	at (425) 524 Area Code Daytim	2257 e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	S30.00 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 S		<u>Street Address:</u> Registration Sec	ction
Division of C		Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT

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	TO	80.00
	ARTICLES OF ORGANIZATION	in Page 1
	OF	10 m
	VSV Voloha LLS	0.
	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
ani	zation for this Limited Liability Company were filed on	and assign

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(A Florid	la Limited Liability Company)	
The Articles of Organization for this Limited Liability C	• •	/2023 and assigned
Horida document number <u>L 23000357772</u>	<u></u> .	
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	1 1	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	ıddress
		, Florida
-	City	, F1011ua 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
			□ Add
			□Remove
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lf an effe Note: -l	ye date, if other than the date of filing:
e record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	September 14. 2023. Bush
	Bush
	Signature of a member or authorized representative of a member