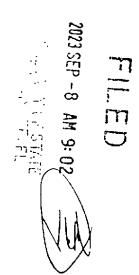
L23000403022

Office Use Only



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COVER LETTER

	Registration Division of C	Section Corporations	
S1115 FF7		operties LLC	
SUBJEC	.l:	Name of Limited Liability Company	
The encl	osed Articles	of Amendment and fee(s) are submitted for filing.	
Please re	turn all corre	spondence concerning this matter to the following:	
		Debra Buck	
		Name of Person	
		Firm/Company	
		5313 Lenoir Ct.	
		Address	
		Plant City, F1. 33566	
		City/State and Zip Code	
		dbucks.gatornest@gmail.com	
		E-mail address: (to be used for future annual report notification)	
For furth	er informatio	in concerning this matter, please call:	
Debra B	ouck	813 299-6753 at ()	
	Nam	at () ne of Person Area Code Daytime Telephone Number	
Enclosed	l is a check fo	or the following amount:	
□ \$25.	00 Filing Fee	Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VPK Properties LLC			
(Name of the Limited Liability Comp. (A Florida Limited	nny as it now appears on our rec Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000403022</u> .	were filed on August 28, 201	23 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I	.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		2023	
		<u> </u>	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		AH 9:	
		2 2	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	ter the name of the new register	
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:	<u>i</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete			

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 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
AMBR	Vincent Keller	701 N. Wilder Road, A-22 Plant City, FL 33566	≣Add
			□Remove
			Change
AMBR	Patricia Keller	701 N. Wilder Road, A-22 Plant City, FL 33566	
			□Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			[]Change
			EIAdd
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the 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 record is filed. Signature of a member or authorized representative of a member Debra Buck Typed or printed name of signee

Filing Fee: \$25.00