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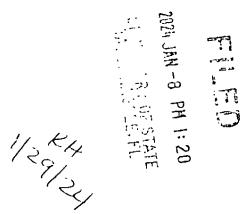
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: V&E New Beginning Renovations Name of Limited Liability Company	LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Edith Espinosa Name of Person	
Fimt/Company	
2310 Myrtle St.	
Haines City FL 33844 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	2024 JAN
Edith Espinosa at (863) 242-7689 Name of Person Area Code Daytime Telephone Number	-00 PM
Enclosed is a check for the following amount:	N. 20
(additional copy is enclosed) Certified (ing ree. • e of Status &

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

VEE New bed	Tinning Renovations Liability Company as it now appears on our records.) Florida Limited Liability Company)	LLC
The Articles of Organization for this Limited Liab Florida document number <u>L 2300() 4</u>	ility Company were filed on <u>9-28-20</u> <u>196</u> 90	23 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)	le:	he abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)X)	
(maning dual cos milit BE il i cos or i long		
B. If amending the registered agent and/or reg agent and/or the new registered office address !	istered office address on our records, <u>enter the</u> <u>here</u> :	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	TATE 20
	, Florid	
	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
AMBR	Edith Espinosa	2310 Myrtle St. Haines	_ MAdd
		FL- 33844	□Remove
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If the date inserted in	ate must be specific and canno this block does not meet th	ie applicable statutory f		
ent s effective date on	the Department of State's	records.		
	ffective date, but not an eff	fective time, at 12:01 a.	m. on the earlier of: (b)	The 90th day afte
ed.				
1-3-2024	<u> </u>	·		
_	Signature of a member			
EA ?	I do Cilo h	JC - a or authorized representa		