L24000039420

| (Requestor's Name) |
|---|
| (Address) |
| —————————————————————————————————————— |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
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COVER LETTER

| TO: | Registration Se Division of Cor | | | 1 * * * | | | |
|--------------|------------------------------------|--|---|--|--|--|--|
| | VK PRO L | | • | • | | | |
| SUBJI | ECT: | | ited Liability Company | | | | |
| | | Amendment and fee(s) are sub | - | | | | |
| riease | return an correspo | ondence concerning this matter | to the following: | | | | |
| | | Dzevad Muhamedagie | | | | | |
| | | | Name of Person | | | | |
| | | VK PRO LLC | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | Firm/Company | | | | |
| | | 1830 Savona Pkwy | | | | | |
| | | Address | | | | | |
| | | Cape Coral, FL 33904 | | | | | |
| | | | City/State and Zip Code | | | | |
| | | dzevadmyk@gmail.com E-mail address: (| to be used for future annual report not | ification) | | | |
| For fur | ther information c | oncerning this matter, please c | · | · | | | |
| Dzeva | d Muhamedagic | | 239 8224045 at () | | | | |
| | Name o | f Person | Area Code Daytin | ie Telephone Number | | | |
| Enclos | ed is a check for th | ne following amount: | | | | | |
| ■ \$2 | 5.00 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 S | | <u>Street Address:</u> Registration Se | etion | | | |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, F1, 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

| (<u>Name of the Limited Fiability Company as</u> (A Florida Limited Liabili | it now appears on our records.) ty Company) |
|--|---|
| The Articles of Organization for this Limited Liability Company were Florida document number | 0.000 |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability | company here: |
| The new name must be distinguishable and contain the words "Limited Liability Co | ompany," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | ·3 |
| Enter new mailing address, if applicable: | · · · · · · · · · · · · · · · · · · · |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | _ |
| B. If amending the registered agent and/or registered office addre | ess on our records, enter the name of the new registered |
| ngont and/on the new Louistanes Lotton all Law Villes | |
| Mama at Naw Danistored Agants | |
| New Kegistered Office Address: | Enter Florida street address |
| | |
| New Registered Agent's Signature, if changing Registered Agent: | |
| | |
| accept the obligations of my position as registered agent as provi | ded for in Chapter 605, F.S. Or, if this document is |
| in and annual assume a section and a section and annual and annual annual annual annual annual annual annual a | · · · · · · · · · · · · · · · · · · · |

The second contract of the second contract o

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 | Dzevad Muhamedagic | 1830 Savona Pkwy. Cape Coral, FL 33 | 904 <u>■</u> Add |
| | | | □Remove |
| | | | □Change |
| | | - | □ Add |
| | | | □Remove |
| | | | □Change |
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| (If an el Note: | tive date, if other than the date of filing: |
|--------------------|--|
| he reco | rd 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 iled. |
| ord is f | , |
| ord is f Dated | February 6th 2024 |
| ord is f | Signature of a member or authorized representative of a member |