

L2400010S397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

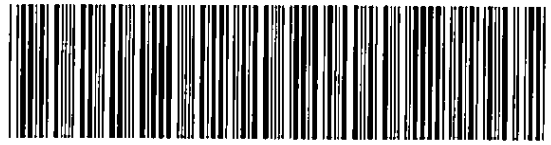
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500434167965

08/02/24--01016--017 **80.00

8/8/24
KH

SECRETARY OF STATE
TALLAHASSEE, FL

2024 AUG -2 AM 9:54

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VNH ENTERPRISES L.L.C.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IGNADANI VENTURA CALCAÑO
Name of Person

VNH ENTERPRISES L.L.C.
Firm/Company

847 NW 80TH WAY
Address

PLANTATION, FLORIDA 33324
City/State and Zip Code

VNHENTERPRISES1@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BOLIVAR ALMONTE at (347) 228-4613
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

2024 AUG -2 AM 9:54
REG. DIV. OF STATE
TALLAHASSEE, FL

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VNH ENTERPRISES L.L.C.

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

The Articles of Organization for this Limited Liability Company were filed on 02/29/2024 and assigned Florida document number L24000105397.

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 Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

9891 NW 51ST LN

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FLORIDA 33178

Enter new mailing address, if applicable:

9891 NW 51ST LN

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FLORIDA 33178

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 Changing Registered Agent, Signature of New Registered Agent

FILED
MAR 2 2024
AM 9:34
NEW ORLEANS
REGISTERED AGENT
HASSELL

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>	<u>Address</u>	<u>Type of Action</u>
MGR	IGNADANI VENTURA CALCANO	9891 NW 51ST LN	<input checked="" type="checkbox"/> Add
		DORAL, FLORIDA 33178/	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2024 APR -2 PM 9:51
 SEC. OF STATE
 TALLAHASSEE, FL

