L24000129453

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	•••
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Doe	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer	
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2024 JUL 22 AH 8: 51 SECRETARY OF STATE TALIJAHASSEE, FL



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 8, 2024

JHOAN E CARDENAS 11558 SAINT JOSEPHS RD JACKSONVILLE, FL 32223

SUBJECT: VFORCE CAR SALES LLC

Ref. Number: L24000129453

We have received your document for VFORCE CAR SALES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 724A00014689

JUL 2 2 2024

COVER LETTER

TO: Registration Se Division of Cor				
	CAR SALES LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	JHOAN E CARDENAS			
		Name of Person		
	VFORCE CAR SALES			
		Firm/Company		
	11558 SAINT JOSEPHS I	RD		
		Address		
	JACKSONVILLE, FL 322	223		
		City/State and Zip Code	****	
	vforce6630@gmail.com E-mail address: (to be used for future annual report notificatio	(m	200
For further information c	oncerning this matter, please c	·	CRET	
JHOAN E CARDENAS	;	786 560-2013	AHA:	22
Name o	f Person		SECRETARY OF STATE TALLAHASSEE, FL	TIL EL SI
Enclosed is a check for th	ne following amount:		FL	5
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VFORCE CAR SALES LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited L	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited E Florida document number <u>L24000129453</u>		were filed on MARCH 15, 2024	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	of the limited liabi	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOY:	N/A	· 2
B. If amending the registered agent and/or agent and/or the new registered office addressed of the agent and/or the new registered agent and/or agent age	registered office a	iddress on our records, enter the na	ame of the new registered
agent and/or the new registered office addre	ss nere:		SSE E
Name of New Registered Agent:	N/A		F S S
New Registered Office Address:	N/A		· ଲ =
		Emer Florida street address	
	N/A	, Florida _	N/A
		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
MGRM	OSPINA MURILLO, LEONARDO	11558 SAINT JOSEPHS RD	
		JACKSONVILLE. FL 32223	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add SECRETA
			AHAMESE ———————————————————————————————————
		DAdd NT	
			Change
			□Add
		 	□Remove
			Change
			🗀 Add
			□Remove
			∏ Change

FULL NAME OF THE NEW MGR; OSPINA MURILLO, LEONARDO F		
		
 		
	<u>.m</u>	202
	<u> </u>	2024 JUL 22
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	ASSE	**
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	A PATE	51
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)	D	2027375
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	will not be listed	i as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The record is filed.	: 90th day after	the
JULY 16TH 2024 Dated		
Signature of a member or authorized representative of a member		
JHOAN E CARDENAS		
Typed or printed name of signee		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00