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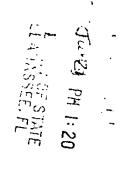
(Requestor's Name)
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PICK-UP WAIT MAIL
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,
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16/21/24

COVER LETTER

TO:

Registration Section

Division of Corpo	Division of Corporations			
SUBJECT: VIE	SO & A LL C			
	Name of Li	mited Liability Company		
The enclosed Articles of An	nendment and fee(s) are su	ibmitted for filing.		
Please return all correspond	ence concerning this matte	er to the following:		
	Ana M	aria Gomez		
	VIGO &	Name of Person A LLC Firm/Company		
	11038 Lax	ton st	_	. •
		Address		:
	Orlando F	L 33934 City/State and Zip Code		1 _D
_		10 gmail-com (to be used for future annual report notification)	55°C 55°C 1817	<u>.</u> .
For further information conc			ANIASSEE, FL	 21
Ana Maria	^			
Name of Pe	rson	at (407) 970 973 Area Code Daytime Telepho	one Number	
Enclosed is a check for the fo	ollowing 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 State Certified Copy (additional copy is enc	
Mailing Address: Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	oorations	Street Address: Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	see	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIGO LAI	LC		
(<u>Name of the Limi</u>	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	<u> </u>
he Articles of Organization for this Limited L	iability Company were filed on	<u> </u>	and assigned
orida document number <u>L 24000</u> 20	01733		
nis amendment is submitted to amend the foll	owing:		
If amending name, enter the new name of	f the limited liability company her	<u>·e</u> :	
Ana Maria Gomez			
e new name must be distinguishable and contain the v	vords "Limited Liability Company," the de-	signation "LLC" or the abb	reviation "L.L.C."
iter new principal offices address, if applic	rable:		
incipal office address MUST BE A STREE	TADDRESS)		1
			13
		54, 17 22, 27-	·4
ter new mailing address, if applicable:	_	ີກີ. ເກດ	721/P
ailing address MAY BE A POST OFFICE	<u>BOX)</u>	E Co	
			20
If amending the registered agent and/or rent and/or the new registered office address	egistered office address on our rec ss here:	cords, <u>enter the name</u>	of the new registe
Name of New Registered Agent:	Ana Maria Gom	<i>e</i> 2	-
New Registered Office Address:	11038 Laxton St		
	Orlando	a street address	 32
	City	Florida'	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
MGR	Ana Maria Bomez	11038 Laxton St. Orlando FL	Z /Add
			□Remove
			□Change
	 		🗆 Add
			□Remove
			□Change
			□Add
			Remove
		7. 7.	CChange
		SEE STATE	Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

of mine and that is the reason I am
•
e manageris name to mine.
thank youl
Duy yana bany.
9
the date of filing: (optional)
s block does not meet the applicable statutory filing requirements, this date will not be like Department of State's records.
μ O
ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft
Numbers
~
i

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