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COVER LETTER

Registration Section

TO:

Division of Cor	porations				
	GINEERS 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	ondence concerning this matter	to the following:			
	VICTOR M. CONSUEGR	A			
		Name of Person			
	N/A				
		Firm/Company			
	14551 SW 156TH AVE				
		Address			
	MIAMI, FL 33196				
	City/State and Zip Code				
	vconengineers24@gmail.co		<u></u>		
	E-mail address: (to be used for future annual report noti	fication)		
For further information of	concerning this matter, please c	all:			
VICTOR M. CONSUEGRA		786 2632391			
Name (of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 63: Tallahassec,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2195 1

i		*** J
VCON ENGINEERS LLC		
(Name of the Limi	ted Liability Company as it now appears o (A Florida Limited Liability Company)	n our records.)
ne Articles of Organization for this Limited L	iability Company were filed on 5/31/2	
-	•	
orida document number L24000248577	·	
nis amendment is submitted to amend the foll	owing:	
. If amending name, enter the new name o	of the limited liability company here	;
he new name must be distinguishable and contain the	words "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applic	coble:	
		
<u>Principal office address MUST BE A STREI</u>	ET ADDRESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BON	
ARTHUR WHITE CONTRACT DE TATALOGI CALLED		
	-	
3. If amending the registered agent and/or	registered affice address on our reco	ords, enter the name of the new regist
gent and/or the new registered agent and/or	· ·	or one the hame of the new regist
Name of New Registered Agent:	VICTOR M. CONSUEGRA	
New Registered Office Address:	14551 SW 156TH AVE	
	Enter Florida	street address
	MIAMI	, Florida <u>33196</u>
	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

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> `	· Name	Address	Type of Action
P	VICTOR M CONSUEGRA, SR.	14551 SW 156TH AVE, MIAMI, FL 33196	□Add
		 .	□Remove
			• Change
MGR	VICTOR M. CONSUEGRA	14551 SW 156TH AVE, MIAMI, FL 33196	≣ Add
			□Remove
			□Change
			□Add
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. Effect	tive date, if other	than the date of	filing:		(op	tional)	
(If an cf	Tective date is listed, th	he date must be speci:	fic and cannot be pr	ior to date of filing or	more than 90 days af	er filing.) Pursuant to 60	(3)(5.0207 (3)(ted as the
	if the date inserted nent's effective date				ing requirements, t	his date will not be lis	acti as the
		·					
the reco	rd specifies a detay	ed effective date: b	ut not an effective	e time, at 12:01 a.m	i, on the earlier of:	(b) The 90th day after	er the
cord is f						(-, · ·	
Dated	July 18 1		2024	· *****			
	-						
			19/	,			
	 	C:	- 6/- 6	thorized representati	ua af a mambar		

Typed or printed name of signee