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## **COVER LETTER**

TO: Registration Section Division of Corporations

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SUBJECT: 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:

	Angel Tomes Name of Person VR Planet LLC	
	Firm/Company	
	35 Elizabeth Ave	
	Address	
	Mascotte FL 34753 City/State and Zip Code	
	City/State and Zip Code Vnplanetflaggmail.com E-mail address: (to be used for future annual report notification)	
	E-mail address: (to be used for future annual report notification)	 
further information conc	erning this matter, please call:	
Angel <	Tomes 11(407) 764-0932	<del>ا</del> ت

Name of Person

Enclosed is a check for the following amount:

₫ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

Area Code

\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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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

Daytime Telephone Number

ARTICLES OF AMEN	NDMENT
ARTICLES OF ORGAN OF	NIZATION
VR Planet LLC	
( <u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability C	ow appears on our records.) ompany)
The And Alexand Comparison for the United Distribution Company of the	7/17/24
The Articles of Organization for this Limited Liability Company were file $i \cdot i $	ed on and assigned
Porida document number <u>W24000105353</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability com</u>	ipany here:
VR Planet FL LLC	• • • • • • • • •
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Category multing address (formlight)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address (	on our records, <u>enter the name of the new registere</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida Zip Code
Cuy	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. Thereby 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 rémoved from our records:

# MGR = Manager

AMBR = Authorized Member	r
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<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗋 Add
			□Add
			□Change
			🗆 Add
			□Change
			$\square Add$
			□Change
			🖸 Add
			🗆 Change

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_(optional) (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.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated	7/25/24	
	- AND	
	Signature of a member or authorized representative of a member	
	Angel Torres	
	Typed or printed name of signee	