(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.
J. HORNE
OC1 - 1 2024

Office Use Only



100436484341

2024 SEP 30 AK 10: 45 FILED



00/00/0004

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	19/30/2024	
Name:	Patrice Rush	
Reference #:_	2505816	
Entity Name:_		VMOC, LLC
Articles	of Incorporation/Authoria	ation to Transact Business
✓ Amend	ment	
☐ Change	e of Agent	
Reinsta	atement	
☐ Conver	rsion	
☐ Merger		
Dissolu	ition/Withdrawal	
☐ Fictitiou	us Name	
Other_		
Authorized An		
Signature:	(Fred C	

F: 800.944.6607

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	09/30/2024	
	Patrice Rush	
Reference	#:2505816	
	e:	VMOC, LLC
☐ Artic	cles of Incorporation/Author	ization to Transact Business
√ Ame	endment	
☐ Cha	nge of Agent	
☐ Rein	nstatement	
Con	version	
☐ Mer	ger	
Diss	olution/Withdrawal	
☐ Ficti	tious Name	
Othe	er	
Authorized	Amount: \$25	
Signature:	(Pattle	

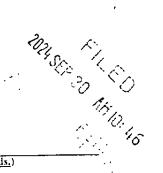
F: 800.944.6607

F: +852.2682.9790

COVER LETTER

TO: Registration Sect Division of Corpo			
VMOC, LLC			
SUBJECT:	Name of Limit	ed Liability Company	
	mendment and fee(s) are subn		
Please return all correspond	dence concerning this matter t	o the following:	
	Patrick McMahon		
and the state of t	: 1	Name of Person	-
	c/o MKP Capital Managen	nent	
A District Control		Firm/Company	
	801 Brickell Ave. Ste. 247	0	
CONTRACTOR OF STATE		Address	
A contract of the contract	Miami, FL 33131		
		City/State and Zip Code	
	pat.asst@mkpcap.com	to be used for future annual report notifi	cation)
			(Cation)
For further information co	ncerning this matter, please ca		
Chelsea Stewart		212 820-6362 at ()	
Name of	Person .	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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 S Division of C P.O. Box 632 Tallahassee, I	section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



VMOC, LLC		
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	•
he Articles of Organization for this Limited Lia	ability Company were filed on 09/05/2024	and assigned
lorida document number L24000382197	·	
his amendment is submitted to amend the follo	wing:	
. If amending name, enter the new name of	the limited liability company here:	
If amending name, enter the new name or	AND INCOME.	
		de Abasilation II I C."
he new name must be distinguishable and contain the we	ords "Limited Liability Company." the designation "LLC" o	r the appreviation "L.C.C.
Enter now principal offices address if annies	able:	
Inter new principal offices address, if applications	and the state of t	
<u>Principal office address MUST BE A STREE</u>		
$f_{\mu} = f(e, \mu) = m_{\mu} g_{\mu} g_{\nu} + e^{-i \mu} g_{\nu} + g_{\nu}$		<u> </u>
A Commence of the Commence		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	ROX)	
Mading dadress MAT BE A POST OFFICE		
	· · · <u> · · · · · · · · · · · · · · · ·</u>	
If amending the registered agent and/or r	egistered office address on our records, enter th	ic name of the new regist
gent and/or the new registered office addre	ss here:	
•		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
4 76		
	, Flor	
$A_{ij}(x^{ij}) = A_{ij}(x^{ij})$	' 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> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	Patrick McMahon	801 Brickell Ave., Stc 2470	_ □ ∧dd
		Miami, FL 33131	🖹 Remove
to an sustain growth and and	ing and the second of the seco	an open principally open paret and one open service	Change
AMBR	Patrick McMahon	801 Brickell Ave., Ste 2470	🖹 Add
40	* ***	Miami, FL 33131	Remove
v. '	er en de en		□Change
MGR	Kristen McMahon	801 Brickell Avc., Stc 2470	.: □Add
		Miami, FL 33131	, ⊞ Remove
1.	And the second	,	Change
			□ Add
			□Remove
			□ Change
			□Add
			⊕. □Remove
			□Change
			□Remove
			Change

Part Los										
Park Loss										
Park Los										
en Const	and a factor of the same									

en d'again	Contraction of the contraction					_				
		2	. , 3	÷ ,					. (
			-					,		
				-	_				· · ·	
						<u> </u>				
				_ _	. <u>.</u> .			<u></u>	·	
		<u> </u>						·		
									·	
ctive date	if other than (he date of	filing: _ he and can	not be prior	r to date of	filing or	more than	(op 90 days af	er filing.) P	ursuant to 6
e• If the da	te inserted in this ective date on the	i block does	not meet	the applic	cable stat	utory fili	ng requi	ements, t	his date w	ill not be i
cord specifi filed.	es a delayed effe	ctive date, bi	ut not an	effective (time, at 1	2:01 a.m	. on the	earlier of:	(b) The	90th day a
ed	siptember 2	.4,	,	3024	·					
	fo	ette			/			bar		<u> </u>
•	/	Signatur	e of a men	nber or aut	norized re	presentati	ve or a me	moer		

Filing Fee: \$25.00

COVER LETTER

TO: Registration Section Division of Corporation					
VMOC, LLC					
SUBJECT:	Name of Limit	ed Liability Company			
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.			
Please return all correspond	ence concerning this matter t	o the following:			
The Continue Conti	Patrick McMahon	· .			
Communication of the second second	· · · · · · · · · · · · · · · · · · ·	Name of Person			
	c/o MKP Capital Managem	ent			
* t = 44 + 1 * .		. Firm/Company			
	801 Brickell Ave. Stc. 2476)			
The same of the second		Address			
and the first of the color of the	- Miami, FL 33131				
		City/State and Zip Code			
	pat.asst@mkpcap.com				
	E-mail address: (o be used for future annual report notif	ication)		
For further information cor	ncerning this matter, please ca	ill:			
Chelsea Stewart		212 820-6362			
Name of I	erson .	at () 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		Street Address: Registration Section Division of Corporations The Centre of Tallahassee			
Tallahassee, F	L 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			