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COVER LETTER

TO: Registration Division of C			
	Services LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The engloced Articles	of Amendment and fee(s) are subn	nitted for filing	
	spondence concerning this matter to	_	
	Victor A. Marquez		
		Name of Person	
	Vicmar Services LLC		
		Firm/Company	
	4131 Thomas St.		
		Address	
	Hollywood, FL 33021		
	victor,marquez8913@gmail.	City/State and Zip Code	
For further information	E-mail address: (to a concerning this matter, please cal	be used for future annual report notiful	ication)
Gaudy Cram Chavarri	-	954 650-4425	
Name	e of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for	r 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 Addi Registration Division of P.O. Box 6	n Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vicmar Services LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/16/2024 ___ and assigned Florida document number 1.24000401915 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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, enter the name of the agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Citv

_. Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gaudy Cram Chavarria	2210 Taylor St. Apt 206	
		Hollywood, FL 33020	Remove
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Tective date, if other than the date an effective date is listed, the date must be spoote: If the date inserted in this block descument's effective date on the Departm	ecific and cannot be prio ses not meet the appli	or to date of filing or n cable statutory filin	(option nore than 90 days after fi g requirements, this o	ling.) Pursuant to 605.020
ediment's effective date on the Departit	icin of State's record:	s.		
record specifies a delayed effective date, is filed.	but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
September 16	2024			
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(=124)	are of a member or auth			