Division of Corporations

# Department of State

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(((H24000407998 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMITER & SINGER, LLP

Account Number : I20000000085 Phone : (561)626-4742 Fax Number : (561)626-4742

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VZ BELLA, LLC

| Certificate of Status | 0       |
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#### **COVER LETTER**

| TO: Registration Se<br>Division of Cor  |  |  |   |
|---|--|--|---|
| VZ Bella, I   | LLC  |  |   |
| SUBJECT:  | Name of Limi                                 | 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:  |   |
|   | Andrew R. Comiter, Esq.                      |  |   |
|   |  | Name of Person   |   |
|   | Comiter, Singer, Baseman                     | & Braun, LLP   |   |
|   |  | Firm/Company   |   |
|   | 3825 PGA Blvd., Suite 70                     | 1  |   |
|   |  | Address  |   |
|   | Palm Beach Gardens, FL 3                     | 33410  |   |
|   |  | City/State and Zip Code  |   |
|   | corporate@comitersinger.co                   |  |   |
| T. S  |  | to be used for future annual report notified   | neation   |
| For further information of  | concerning this matter, please c             |  |   |
| Rebecca Byers   |  | at ()  |   |
| Name (  | of Person                                    | Area Code Daytime  | 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 Fcc,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addre<br>Registration<br>Division of O<br>P.O. Box 63<br>Tallahassee, | Section<br>Corporations<br>27                | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL | porations<br>allahassee<br>e Street, Suite 810  |

company has been notified in writing of this change.

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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| VZ Bella, LLC   |   |   |
|---|---|---|
| (Name of the Limited Liability Com<br>(A Florida Limite   | oany as it now appears on our red<br>Liability Company)   | :cords.)  |
| The Articles of Organization for this Limited Liability Compar<br>Florida document number <u>L24000512543</u> .   | ny were filed on <u>December 10</u>                       | and assigned  |
| This amendment is submitted to amend the following:   |   |   |
| A. If amending name, enter the new name of the limited liz  | bility company here:                                      |   |
| VZ Horse, LLC   |   |   |
| The new name must be distinguishable and contain the words "Limited Lia   | bility Company," the designation '                        | 'LLC" or the abbreviation "L.L.C."                              |
| Enter new principal offices address, if applicable:   |   |   |
| (Principal office address MUST BE A STREET ADDRESS)   |   | 1   |
|   |   | <u>;</u> ; ;  |
|   |   |   |
| Enter new mailing address, if applicable:   |   | <b>™</b>  |
| •   |   | 2)  |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |   |
|   |   |   |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:   | e address on our records, <u>e</u> e                      | <u>iter the name of the new registe</u>                         |
| Name of New Registered Agent:   |   |   |
| New Registered Office Address:  |   |   |
|   | Enter Florida street a                                    | ddress  |
|   |   | , Florida   |
| •   | City  | Zip Code  |
| New Registered Agent's Signature, if changing Registered Agen   | <u>t:</u>   |   |
| I hereby accept the appointment as registered agent and ag<br>provisions of all statutes relative to the proper and comple<br>accept the obligations of my position as registered agent a<br>being filed to merely reflect a change in the registered offic | te performance of my dutic<br>s provided for in Chapter 6 | s, and I am familiar with and 105, F.S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

**2**004

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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 | <u>Address</u> | Type of Action |
|--------------|------|----------------|----------------|
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| Mr   | <del>_</del>                                | _  | <del></del>             |   |                                 |
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| ffective date, if other than the dan effective date is listed, the date must bote; If the date inserted in this blocomment's effective date on the Dep | e specific and cannot<br>k does not meet th | e applicable statut                          | iling or more than 90 d | _ (optional) ays after filing.) Pursuant ints, this date will not b | to 605,0207 (<br>oc listed as t |
| record specifies a delayed effective it is filed.  | late, but not an eff                        | ective time, at 12:                          | 01 a.m. on the earli    | er of: (b) The 90th da  | y after the                     |
| ated December 11   | . 202                                       |  |                         |   |                                 |
| 5  | gnature of a membe                          | r or authorized repre                        | sentative of a member   |   | _                               |

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