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2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account , 120210000160: \$25.00 Authorization Signature VYA4 LLC_ #Document Business Name Will wait Walk in ___ Certified Copy __Certificate of Status **NEW FILINGS** <u>AMENDMENTS</u> Profit X Amendment Not for Profit _ Resignation of R.A. ____ Change of Registered Agent __ LLC ____ Revocation of Dissolution Domestication _ Conversion INC Statement of Authority **CORP** Merger LP **REVOCATION OF DISSOLUTION** REGISTRATION/QUALIFICATIONS OTHER FILINGS _ Foreign Filing TRANSMITTAL LETTER Partnership Reinstatement Fictitious Name -Statement of CORRECTION ____ Statement of Authority Domestication APOSTIL Other COUNTRY

FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:____

COVER LETTER

| | egistration Section of Corp | | | |
|-----------------|-----------------------------|---|---|--|
| CUDIFCT | VYA4 LLC | | | |
| SUBJECT | : | Name of Lim | ited Liability Company | |
| The enclose | ed Articles of A | Amendment and fec(s) are sub- | mitted for filing. | |
| Please retur | m all correspon | ndence concerning this matter | to the following: | |
| | | MARTIN E DELLOCA | | |
| | | | Name of Person | |
| | | MDELL CONSULTING C | CORP | |
| | | | Firm/Company | |
| | | 848 BRICKELL AVE STE | E 1130 | |
| | | | Address | |
| | | MIAMI, FL, 33131 | | |
| | | | City/State and Zip Code | |
| | | MDELLOCA@MDELLCO | | |
| For further | information co | n-mail address: () oncerning this matter, please ca | to be used for future annual report not | meations |
| | | oncerning this matter, piease of | | |
| MARTIN I | E DELLOCA | | 305 6073493 at () | |
| | Name of | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed is | s a check for th | ne 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) |
| | • | | | (additional copy is enclosed) |
| <u>M</u> | lailing Addres | <u>s:</u> | Street Address: | |
| R | egistration S | Section | Registration Se | |
| | ivision of C | | Division of Co | |
| Ρ. | .O. Box 632 | . 1 | The Centre of | i ananassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

2025 MAR 20 AH 4: 25 VYA4 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 $\frac{01/15/2025}{1}$ and assigned 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 new registered 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.

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> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|--|----------------|
| MGR | IGLESIAS, AXL H | 1905 SW 7 AVE | □Add |
| | | MIAMI, FL 33129 | ■Remove |
| | | | □Change |
| MGR | IGLESIAS, AXEL H | 905 SW 7 AVE | ■Add |
| | | MIAMI, FL 33129 | □Remove |
| | | | □Change |
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| Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D | ock does not meet the applic | able statutory filing requ | (optional) an 90 days after filing.) Pursuant to 6 airements, this date will not be l | 605.0207 (3)(b) isted as the |
| the record specifies a delayed effective cord is filed. | re date, but not an effective ti | me, at 12:01 a.m. on the | e earlier of: (b) The 90th day a | fler the |
| Dated | . 2025 | <u> </u> | | |
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