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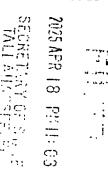
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# **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: V¢	M Success Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Seilinet i	Diaz Rodria	vez	-
		Firm/Company		-
	_350 W	16th St		2025 A SECT
	Hialea Deciline	Address  FC 33010  City/State and Zip Code  to be used for future annual report not	jification)	APR 18 FETH C3
For further information c	oncerning this matter, please c	all:		•
Beiline Dic	az Rodrique	22_at (305) 304 - Area Code Daytin	- UYO6 ne Telephone Number	<u></u> r
Enclosed is 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)	Certified	te of Status &

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

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

11

V&M Suc	cess ICC
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>LZ500014582</u> 0	ny were filed on March 25, 7025 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ibility company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "LL,C."
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)	TORE TO B
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida 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>Title</u>	<u>Name</u>	Address	Type of Action
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	Rodriguez	Hialeah, FL 330	do Remove
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an effective dat ote: If the da	, if other than the date is listed, the date must be steen the inserted in this block of	specific and cannot be prior does not meet the applic	able statutory filing rec	( <b>optional)</b> nan 90 days after filing.) l quirements, this date w	Pursuant to 605,020
	ective date on the Depart			be earlier of: (b) The	90th day after the
ated					
	Seilin	nature of a member or auth	orized representative of a		_

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

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