M18000001273

(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:

Office Use Only

900313022939

06/04/18--01011--005 **25.00

J. LEGGETT
JUN 27 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2018

MATTHEW CRAIG
522 S HUNT CLUB BLVD #573
APOPKA, FL 32703 US

SUBJECT: VCB LICENSING 1, LLC
Ref. Number: M18000001273

We have received your document for VCB LICENSING 1, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 218A00011766

RECEIVED
2018 JUN 27 PM 12:23

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: VCB LICENSING 1, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW CRAIG
Name of Person

VCB LICENSING 1, LLC
Firm/Company

522 S. HUNT CLUB BLVD. #573
Address

APOPKA, FL 32703
City/State and Zip Code

michelle@vcbbrands.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW CRAIG at (314) 322-0936
Name of Person — 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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

VCB LICENSING I, 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 02/06/2018 and assigned Florida document number M18000001273.

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 "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

522 S. HUNT CLUB BLVD. #573
APOPKA, FL 32703

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

522 S. HUNT CLUB BLVD. #573
APOPKA, FL 32703

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: 522 S. HUNT CLUB BLVD. #573
Enter Florida street address

APOPKA, **Florida** 32703
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

Title	Name	Address	Type of Action
AMBR	VCB PARTNERS, LLC	522 S. HUNT CLUB BLVD. #573	☐ Add
		APOPKA, FL 32703	☐ Remove
			■ Change
AMBR	CRAIG, MATTHEW	195 S WESTMONTE DRIVE	☐ Add
		SUITE 1108	■ Remove
		ALTAMONTE SPRINGS, FL 327	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated MAY 25 2018

Signature of a member or authorized representative of a member

MATTHEW CRAIG

Typed or printed name of signee

Filing Fee: $25.00