

M22 00000000 627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

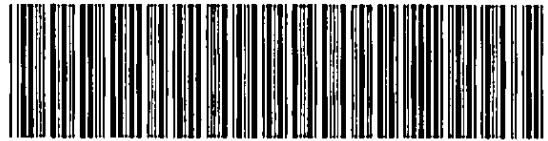
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400383995524

03/21/22--01013--027 \*\*25.00

22 APR 11 12:00

T. MATTHEWS

APR - 4 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VGM GOV BIZ LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Koo, Esq.

\_\_\_\_\_  
Name of Person

Sales Tax Defense LLC

\_\_\_\_\_  
Firm/Company

673 Deer Park Ave

\_\_\_\_\_  
Address

Dix Hills, NY 11746

\_\_\_\_\_  
City/State and Zip Code

accountregistrations@voyagergm.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Koo, Esq.

at ( 631 ) 491-1500 ext 16

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

221101 12:06

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: VGM GOV BIZ LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M22000000627

3. Jurisdiction of its organization: New York

4. Date authorized to do business in Florida: January 10, 2022

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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*

\_\_\_\_\_, **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

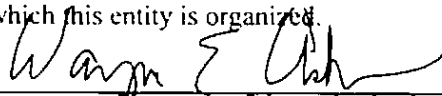
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Removing 6 members, adding 1 member. Note - New York has no certificate or record of owners/members.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Bagnols Buggy, LLC	152 W 57th St, 47th Floor	<input type="checkbox"/> Add
		New York, NY 10019	<input checked="" type="checkbox"/> Remove
Member	Menachem Light	636 Midwood St	<input type="checkbox"/> Add
		Brooklyn, NY 11203	<input checked="" type="checkbox"/> Remove
Member	Shmuel Jurkowicz	131 Lobach Ln	<input type="checkbox"/> Add
		Kunkletown, PA 18058	<input checked="" type="checkbox"/> Remove
Member	Michael Hager	866 Eastern Parkway #2f	<input type="checkbox"/> Add
		Brooklyn, NY 11213	<input checked="" type="checkbox"/> Remove
Member	2f Group LLC	866 Eastern Parkway #2f	<input type="checkbox"/> Add
	See Additional Page Attached	Brooklyn, NY 11213	<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Wayne Ackerman

Typed or printed name of signee

**Filing Fee: \$25.00**

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

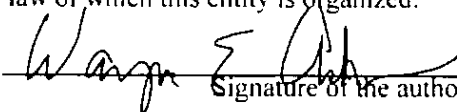
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Prudential Capital	1114 6th Ave 30th Floor	<input type="checkbox"/> Add
		New York, NY 10036	<input checked="" type="checkbox"/> Remove
Member	Lux Commercial Credit LLC	445 Empire Blvd	<input checked="" type="checkbox"/> Add
		Brooklyn, NY 11225	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Wayne Ackerman

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**