

L24000319542

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : E&G FINANCIAL GROUP LLC
Account Number : I20220000177
Phone : (689)269-8784
Fax Number : (407)536-4393

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

Email Address: INFO@EGFINANCIALGROUP.COM

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DIVISION OF CORPORATIONS
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V GOAL LLC

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Corporate Filing Menu

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K. SALY

JUL 24 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: V GOAL 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.

VIVIANE PALLESEN VIAL

 Name of Person

E&G FINANCIAL GROUP LLC

 Firm Company

5728 MAJOR BLVD, SUITE 530

 Address

ORLANDO, FLORIDA 32819

 City, State and Zip Code

info@egfinancialgroup.com

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

For further information concerning this matter, please call

VIVIANE PALLESEN VIAL at (**689**) **269-8784**

 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 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

FILED 24 JUL 23 11 31 33

V GOAL 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 07/18/2024 and assigned Florida document number 124000319842

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 "L.L.C." or the abbreviation "L.L.C."

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

3401 COMMERCE BLVD SUITE N KISSIMMEE, FL 34741

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

3401 COMMERCE BLVD SUITE N KISSIMMEE, FL 34741

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

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

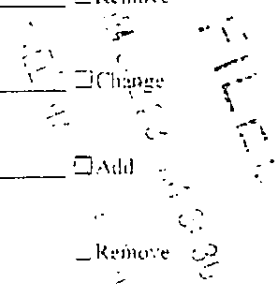
If Changing Registered Agent, Signature of New Registered Agent

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

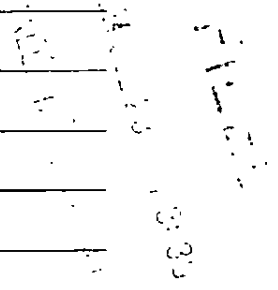
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change



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

N/A


 7/23/24
 14075364393

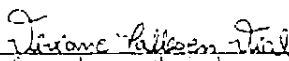
E. Effective date, if other than the date of filing: _____ (optional)

(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(2)(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 JULY 22 _____, 2024



Signature of a member or authorized representative of a member

VIVIANE PALLESEN VIAL, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee