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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section , Division of Corpora			
SUBJECT: Vro	Name of Limite	Dent LLC d Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subm	itted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
-	Brien L	Kurowski Name of Person	····
-	Kurc	Firm/Company	ent
		Chatledon Way	
	Riverview	FL 33578 City/State and Zip Code K: 011 @ amail. Co	
-	Remail address: (to	k: O11 @ gmail. Co	mion)
For further information conc	erning this matter, please cal	l:	
Name of Pe	Lurawsk;	at (<u>352</u>) <u>209.</u> Area Code Daytime T	8554 elephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

249 JUL 25 PM 4: 32 SECRETARY OF STATE ALLAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number <u>L 17 0000 311 29</u> 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 <u>BOX)</u> 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 City

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, <u>enter the title, name, and address of each person_being added</u> . <u>or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
Title	<u>Name</u>	Address	Type of Action
AMBR	Leandro Carneiro	719 Pivilles Byrry 5. #711	🗹 Add
		St. Polershy, FL 33715	□ Remove
			Change
AMBIL	Vontre Smith	13549 Circa Crossing dr. Apt 20	₹ ⊠Add
		L:th:, FC 33547	
			☐ Change
			Add
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docume	ent`s effective da	te on the Department o	f State's records.			
		a delayed effective or the record is file		t an effective time, a	at 12:01 a.m. on th	ne earlier o
Dated_	7/25		2019	-:		
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		S)gnature of	member or butho	rized representative of a me	mber	

Page 3 of 3

Filing Fee: \$25.00