L22000207366

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2025 JUL -8 PH 5: 1,2

COVER LETTER .

TO: Registration Section Division of Corporation	ns .	
SUBJECT: Vana E.	Name of Limited Liability Company	
The enclosed Articles of Amendr	nent and fee(s) are submitted for filing.	
Please return all correspondence	Name of Person	-
	Firm/Company (35 Carner State Dr (1.11) Address	- [10]Z
	City/State and Zip Code Lina = 01 (a) Ungst. Can E-mail address: (to be used for future annual report notification)	
For further information concerning Alexander Name of Person		rr
Enclosed is a check for the follow	ving amount:	
[v S25.00 Filing Fee	(additional copy is enclosed) Certified	ate of Status &
Mailing Address: Registration Section	Street Address: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vana El LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>J. 2000</u> 20736 (c)	were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
Vana E. A. P. Electric and Contain the words "Limited Liabil	hity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	615 Correr Stane De
Principal office address MUST BE A STREET ADDRESS)	_ Wait 202
	<u> </u>
Enter new mailing address, if applicable:	685 Corestone D
(Mailing address MAY BE A POST OFFICE BOX)	- Curt 160 Kissinorce Al 3474M
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
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:	
hereby accept the appointment as registered agent and agreerowisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
	Alusian
If Char	nging 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>	Name	Address	Type of Action
			□Add
			□ Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
		4	□ Change
	 		□Add
			□Remove
			☐ Change
			DAdd
			☐ Remove
			☐Change
			DAdd
			□ Remove ∰

_ □Change

D. If amending any other information	on, enter change(s) here: (Allach (additional sheets, if necessary.)	
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E. Effective date, if other than the d (If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	e specific and cannot be prior to date of fili k does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Persuant to 6 ry filing requirements, this date will not be li	05.0207 (3)(b isted as the
If the record specifies a delayed effective or record is filed.	date, but not an effective time, at 12:0	l a.m. on the earlier of: (b) The 90th day af	iter the
Dated	1.16		
Dated	10111		202
	gnature of member or authorized represe	entative of a member	ن پ پ
			2025 J.E3
- Mir 5050	Typed or printed name of si	gnee	<u>.</u>