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COVER LETTER

Division of Corpor				
SUBJECT:	Vard Bu	Iliez LLC		
	Name of Limi	ted Liability Company		-
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
	Nicha	Name of Person	ton	_
	lar	Hanne of Person A Bullicz L Firm/Company	lC	2693
	2086 Saint	Marting Dr W		10.5 SEP 16
	<u> </u>	KSONNIL F2 36 City/State and Zip Code	2246	
-	Varabulic Z E-mail address: (1	color be used for future annual rep	ort notification)	- 03
For further information conc				
Micholus H	ampton	at (OD)	597-3450 Daytime Telephone Numl	ber
Enclosed is a check for the fo	ollowing amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	Certifi ed) Certifi	Filing Fee, icate of Status & led Copy mal copy is enclosed)
Mailing Address: Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	oorations	Division of The Centr	ress: on Section of Corporations re of Tallahassee Monroe Street, Suite	: 810
Tallahassee F1 32303				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.)			
The Articles of Organization for this Limited Liability Company wer Florida document number <u>L25000382387</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 C	<u></u> (13			
Enter new principal offices address, if applicable:	-S 6			
Principal office address MUST BE A STREET ADDRESS)				
	On .			
	: <u>:</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	_			
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ess on our records, enter the name of the new registere			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
Nam Dagistanad Agant's Signatura if shanging Dagistanad Agants	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>	Name	Address	Type of Action
N <u>GR</u> IMBR	<u>Nicholas Hampton</u>	2086 Saint Martins Drw	Add
MRK		2086 Saint Martins Drw Jacksmille Fr. 32246	□Remove
			□Change
		 	□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□ Remove
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			□ 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.