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Certified Copies	_ Certificate	s of Status
		
Special Instructions to	Filing Officer:	
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SEURLIDARY OF STATE
TALL STANSSEE, FL



COVER LETTER

	stration Section sion of Corporations				
SUBJECT:	Vanilla	Gorilla Name of Limited Lia	Con Str bility Company	vetion,	LLC
The enclosed	Articles of Amendment and	fee(s) are submitted	for filing.		
Please return	all correspondence concernir	ng this matter to the f	following:		
		Sean Co	Name of Person		
	<i>V</i>	anilla G	Firm/Company	onstruct	ion, LLC
	2343		HUE NE Address		
	_Naple Se	City/ City/ City/ mail address: (to be use	34/20 State and Zip Code Coof. Cow	eport notification)	
For further in	formation concerning this ma				
	Name of Person		at (<u>239</u>) Area Code	919- 76 Daytime Teleph	063 one Number
Enclosed is a	check for the following amou	int:			
¾ \$2 5.00 Fi	ling Fee	of Status	355.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Address:		Street Ad	dress:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Vanilla Gorilla Company (Name of the Limited Liability Company (A Florida Limited Liability Company)	struction LLC as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number	ere filed on 3-18-2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office uddress MUST BE A STREET ADDRESS)	→ 23
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	JEZI PH 3: 45
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent: Peter	J. Kallie
New Registered Office Address: 18247	Royal Hammock BLvn Enter Florida street address
Napl	City Florida 3411 0

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>	Address	Type of Action
MGR	Sean Cole	2343 377 AVE NE	□Add
		Naples, FL 34120	□Remove
		AMBR	≭ Change
MGR Gheann R	Gheann Ramos	2124 NE 7Th Place	
		Cape Coral, FL 33900	? ⊠ Remove
			□ Change
			□Add
			□Remove
			□Change
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anien	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effec ote: I	re date, if other than the date of filing:
record is file	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 d.
ated _	Avgvsf 16 Th 2023 Signature of a member or authorized representative of a member
	Sem Cole
	Signature of a member or authorized representative of a member

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