10400028897

(Requestor's Name)				
(Address)				
(Address)				
(City	y/State/Zip/Phone	<i>∌ #</i>)		
	☐ WAIT	MAIL		
☐ PICK-UP	LJ WAII	WAIL		
(Bus	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special instructions to Filing Officer:				

Office Use Only



700209357747

06/27/11--01035--007 **25.00

JA JUN 27 AM 7: 50
JEURETARY OF STATE
TABLAHASSEE, FLORIDE

D. BRUCE

JUN 28 2011

EXAMINER

COVER LETTER				
TO: Registration Section Division of Corporations				
SUBJECT: VANMAR, LC, a Flonda Imited Hability Co. 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:				
Rafael T. Perez Name of Person Clo Allen Falk, PA				
Firm/Company				
307 N DIXIP ITUY Address	. ב			
Lake Worth, P. 33460 City/State and Zip Code	JUN 27	A managed at the state of the s		
E-mail address: (to be used for future annual report notification)	·	Service of the servic		
For further information concerning this matter, please call:				
Proface J. Percz at (561) 389 1612 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,				

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

STREET/COURIER ADDRESS:

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Van Mac II C (Name of the Limited Liability Co	ompany as it now appears on our reco	<u>rds.</u>)
(A Florida Lim	nited Liability Company)	
The Articles of Organization for this Limited Liability ComFlorida document number <u>LO4000</u> 8897	npany were filed on <u>4/8/04</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		UN 27 AH 7: 50 HASSEEL FLORIE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	reet address
	, Flo	rida 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Address** Type of Action <u>Title</u> **Name** Vanessa Branas Remove ☐ Add ☐ Remove ☐ Add Remove $\prod Add$ Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 6-10-2011. Signature of a member or authorized representative of a Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00