

LOS 000026191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

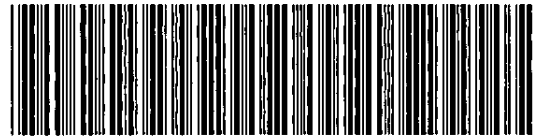
(Document Number)

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02/28/08--01010--012 **481.25

FILED
08 Feb 28 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

MAR 06 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Reinvest LLC
(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:

Ana Jara

(Name of Person)

Reinvest LLC

(Firm/Company)

7790 SW 120 Pl

(Address)

MIA FL 33183

(City/State and Zip Code)

For further information concerning this matter, please call:

Ana Jara

(Name of Person)

at (305) 275 2922

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2008

ANA JARA
7790 SW 720 PL
MIAMI, FL 33183

SUBJECT: REINVEST LLC
Ref. Number: L05000026191

We have received your document for REINVEST LLC and your check(s) totaling \$481.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 008A00013102

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

REINVEST LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/15/05 and assigned
Florida document number L05000026191

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

VEND LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

Ada Garcia

New Registered Office Address:

2700 SW 37 Ave

(Enter Florida street address)

MIA

(City)

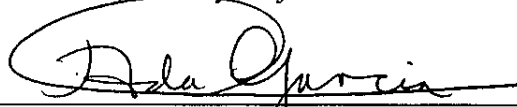
Florida

33133

(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

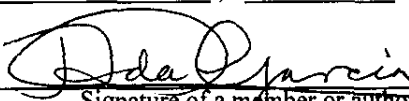
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgrm	Ada Garcia	2700 SW 37 Ave MIA FL 33133	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	Ana Tara	7790 SW 120 Pl MIA FL 33183	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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08 Feb-28 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____


 Signature of a member or authorized representative of a member
 ADA GARCIA
 Typed or printed name of signee

Ana Tara
 ANA TARA