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B. BOSTICK

JUL 2 6 2011

EXAMINER

COVER LETTER

TO: Registration Division of C					
SUBJECT:	Brad VANK Home				
•	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.			,
Please return all corres	spondence concerning this matter	to the following:			
	Brail Un	hle,			
		Name of Person			
	Brad Vable H	Name of Person Hence Services, LLC Firm/Company	 		
		Address City/State and Zip Code		77	
	,	Address			
	Benita Spri	ngs, Fl. 34135		JUL 21	*Zique
		City/State and Zip Code		25 SSE	No. of Contracts o
	byphle30	Com(1954, NC4 to be used for future annual report notificat	ian\		
For further information concerning this matter, please call:				PH 4: 09 St STATE	Vapori
PAHY	Vahle of Person	at (<u>J-39) 450 - 780</u> Area Code & Daytime Te	75		
140111	c of a cison	Area Code & Daytille 16	stephone Number		
Enclosed is a check for	r 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 Certificate of Certified Co (additional	of Status &	ed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brud Vahle 1-7 (Name of the Limited Liability Compa (A Florida Limited I	Iome Services, Liny as it now appears on our	records.)	
The Articles of Organization for this Limited Liability Company		<u>-</u>	
Florida document number <u>L0600019534</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
Brad Vphle, LLC The new name must be distinguishable and end with the words "Limitation of the control of the			
The new name must be distinguishable and end with the words "Limit"L.L.C."	ited Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	n/a	···	
(Principal office address MUST BE A STREET ADDRESS)		AC 11	
		COST CONTRACTOR OF THE COST OST OF THE COST OST OF THE COST OST OF THE COST OST OF THE COST OF THE COST OST OF THE COST OST OF THE COST OST OST OST OST OST OST OST OST OST	
Enter new mailing address, if applicable:	<u>n/a</u>	ing - in	
(Mailing address MAY BE A POST OFFICE BOX)	 		
	### · · · · · · · · · · · · · · · · · ·	ATE RID	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ords, enter the name of the new	
Name of New Registered Agent:	,		
New Registered Office Address:			
	Enter Flori	da street address	
	, Florida		
	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 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

or Managing Member being added or removed from our records: pla MGR = Manager MGRM = Managing Member Title <u>Name</u> **Address Type of Action** ☐ Add Remove ☐ Add Remove □ Add ___ Remove Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Bradle, W. Vahle,
Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00