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(R	equestor's Name)	
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(C	ity/State/Zip/Phone	: #)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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JUL 2 1 2016 S. YOUNG

COVER LETTER

TO: Registration So Division of Cor	ection rporations				
JOHN VEC	GA ELC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JOHN VEGA				
		Name of Person		15	A
	JOHN VEGA LLC				3
		Firm Company		. 20	7,34 (6/1) (1)
	7719 ARELLI DRIVE			16 JUL 20 PM	MALL AHASSEE, (LORDA
		Address		1 2: 01	
	TRINITY, FL 34655			0	3 A
		City/State and Zip Code			
•	phearable@gmail.com				
		to be used for future annual report nouf	ication)		
For further information c	concerning this matter, please of	ail:			
JOHN VEGA		727 744-9274 at ()			
Name o	of Person	Atea Code Daytime	· Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	S30.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOHN VEGA, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records. la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number 106000094427		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
		6 78
The new name must be distinguishable and contain the words "Lir	mited Linbility Company," the designation "LLC"	or the abbreviation "LCLC."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD.	RESS)	· · · · · · · · · · · · · · · · · · ·
		0
Enter new mailing address, if applicable:	Management Management of Administrative Parks and Philipping and P	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida Zip Code
	Cny	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

Title	Name	Address	Type of Action
MGRM	LAURA E. VEGA	7719 ARELLI DRIVE, TRINITY,	∃ Add
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			□ Change
			□ Add
			Remove 75
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			Addition of the control of the contr
			Added STATE Remode
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			□ Remove
			Change

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I an effective date is listed, the date mu	date of filing: st be specific and cannot be prior to date of filing or moock does not meet the applicable statutory filing epartment of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605.020 g requirements, this date will not be listed a	07 (3)(b) as the
ne record specifies a delaye The 90th day after the rec	d effective date, but not an effective ti ord is filed.	ime, at 12:01 a.m. on the earlier ϵ	of:
Outed	. 2016		
4. .	Signature of a member or authorized representative		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00