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SECRETARY OF STATES

C. LEWIS

AUG 3 1 2010

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp	ition vocations		¢.		
SUBJECT:	OSTON V Name of Limit	ending LLC ted Liability Company	· 		
		• '			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspor	idence concerning this matter	to the following:			
	- PYAV	V KOSTCH Name of Person			
	Foste	Firm/Company			
	5218	Olmstead &	DAYPL		
	Tampa	Address FL 336	311		
	F-mail address: (t	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	ret		
For further information concerning this matter, please call:					
Name of	Fosteh	at (SR SIO Area Code & Daytime T	7324 Telephone Number		
Enclosed is a check for the	e 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		

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

(additional copy is enclosed)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

FILED

ARTIC	LES OF ORGANIZATION		
	OF	,2019,AUG 30 PM W LT	
1- mcdar	210/5/25		
1 05/6	1 VENDINS	TANDAHASSEF FUORIDA	
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on orida Limited Liability Company)	our records ALEAHASSEE FLORIDA	
The Articles of Organization for this Limited Liabi	ility Company were filed on Mad	and assigned	
Florida document number <u>LOYOO</u>	256.800		
This amendment is submitted to amend the followi	ing:		
A 16	a limited lightlite, company house		
A. If amending name, enter the new name of th		116.	
Vavis Island	Cah Wash		
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," 1	he designation "LLC" or the abbreviation	
Enter new principal offices address, if applicabl	le:		
(Principal office address MUST BE A STREET A	4DDRESS)		
	·		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO			
Mining university MAT BE AT OST OFFICE BO			
B. If amending the registered agent and/or	registered office address on our r	ecords, enter the name of the new	
registered agent and/or the new registered office			
Name of New Registered Agent:			
New Registered Office Address:			
new registered Office Address.	Enter Fi	orida street address	
	Florida		
-	City	, Florida Zip Code	
	Ç.i.y	2.000	

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member					
Title .	<u>Name</u>	Address	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
	· · · · · · · · · · · · · · · · · · ·		Add Remove		
			Add Remove		
D. If ame	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if neces	ssary.)		
· -					
- Dated	2/126/10 1		TILED MIN AUG 30 PM		
Dated	Signature of a member	er or authorized representative of a member	ANG 30 PH & 18		
	Type	7 YAW TOSTER d or printed name of signee	ATE OR STATE OF THE OR STATE O		

Page 2 of 2

Filing Fee: \$25.00