L08000064524

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
(,
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(Business Entity Name)
(Document Number)
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SECRE SHANNING SESSIONE

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COVER LETTER

TO:

TO: Registration Se Division of Cor				
	PARTNERS OF OCALA, LI	_C		
SUBJECT:	Name of Lin	nited 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:		
	Thomas J. Dobbins			
		Name of Person		
	Trow & Dobbins, P.A.			
		Firm/Company	 	
	1301 NE 14th Street			
		Address		
	Ocala, FL 34470			
		City/State and Zip Code		
	eservice@ocalalawfirm.c			
For further information c	oncerning this matter, please c	to be used for future annual all:	report notification)	
Thomas J. Dobbins			69-8830	
Name o	f Person	at () Area Code	Daytime Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &	
Mailing Address		Street A		
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 632	27	The Ce	entre of Tallahassee	
Tallahassee, l	FL 32314	2415 N	l. Monroe Street. Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VARDEM PARTNERS OF OCALA, LLC

The Articles of Organization for this Limited Liability Company were filed on 07/02/2008

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

_____ and assigned

Florida document number L08000064524	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Lin	nited Liability Company." the d	esignation "LLC" or the abbreviation L.C."
Enter new principal offices address, if applicable:		I A T
(Principal office address MUST BE A STREET ADD	<u> </u>	
Enter new mailing address, if applicable:		E FL 0
(Mailing address MAY BE A POST OFFICE BOX)	•	ात ज
agent and/or the new registered office address here: Name of New Registered Agent:		
New Registered Office Address:	Even Plus	ida street address
	rmer r tor	aa street aaaress
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registere	•	•
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performance of Igent as provided for in C ed office address, I herek	my duties, and I am familiar with and Thapter 605, F.S. Or, if this document is
	If Changing Registered Au	ent Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			☐Change
			□Add
			□Remove
			Change
			Remove
			□Change
		<u></u>	□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

_	his company shall be a manager managed company.
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Note: 1	ctive date, if other than the date of filing:
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	February 28 . 2020 .
Dated _	
Dated _	
Dated _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00