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(City	//State/Zip/Phone	e #)
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(Doc	cument Number)	
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D. BRUCE

JAN 3 0 2009

EXAMINER

COVER LETTER

TO: Registration So Division of Co	ection rporations			
SUBJECT: Vale	(Name of Limi	ted Liability Company)		
	Amendment and fee(s) are submondence concerning this matter			
	Nary Vateur	Lon Jankowsk (Name of Person) DBA Mompe	i voeil	
		(Firm/Company) (Address)	09 JAN 29 SECRETAR TALLAHASS	<u> </u>
For further information of	concerning this matter, please ca	(City/State and Zip Code)	A A	D
	lon Jankowsk of Person)	at (904) 63). 7	STATE STATE ORIDA 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 enclosed)	□\$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy i	

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314 5 L65

+ 5000

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

Vateur IIC.
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on OCT/09/2008 and assigned
Florida document number 31 - 027012-7
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS) (Principal office address MUST BE A STREET ADDRESS) Ponte Veden Fl- 3208/
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Donk Vadda Fl. 32081
(Mailing address MAY BE A POST OFFICE BOX) Pork Videa Pl. 3208/
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: New Registered Office Address: 67 Fawn Gully lane (Enter Florida street address) Ponte Vector , Florida 32081
New Registered Office Address: 67 Fawn Gully land (Enter Florida street address)
Ponte Veclus, Florida 32081 (City) Florida (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 being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

(If Changing Registered Agent, Signature of New Registered Agent)

company has been notified in writing of this change.

	ng the Managers or Managing Memb ing Member being added or removed	pers on our records, <u>enter the title, name, so</u> from our records:	and address of each Manager
	Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Mary lon Jankows	Address Ski 67 Fawn Gully lane Ponte Video Fr. 320	Add Remove
MGRM.	Sheri Lynn Bei	Hran	Add
		101 Laurel ct. Ponk Ve 320	82
			Add Remove
<u>.</u> .			☐ Add ☐ Remove
		· · ·	Add Remove
D. If ame	nding any other information, enter ch	ange(s) here: (Attach additional sheets, if ne	ecessary.)
	4	. CONDA	FILED 09 JAN 29 AM II: 19 SECRETARY OF STATE
Dated 1/28/09	Masy tan Je	skevek	
	Signature of a mer	mber or authorized representative of a member My LOW Janker Ski Med or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00