

209000026390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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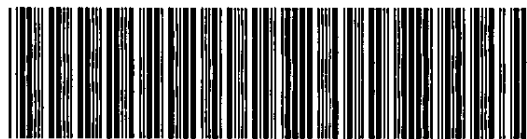
(Business Entity Name)

(Document Number)

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J. Shivers NOV 14 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **VENDUE PROPERTIES, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN CLINTON WILLIAMS

Name of Person

VENDUE PROPERTIES, LLC

Firm/Company

3659 HOMESTEAD RD

Address

TALLAHASSEE, FL 32309

City/State and Zip Code

jwilliams521@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN CLINTON WILLIAMS at **(850) 508-2119**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for 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 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

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TALLAHASSEE, FL 32301
DIVISION OF CORPORATIONS
FILING

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VENDUE PROPERTIES, LLC

(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 MARCH 18, 2009 and assigned Florida document number L09000026390.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

(N/A)

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)

3659 HOMESTEAD RD

TALLAHASSEE, FL 32309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3659 HOMESTEAD RD

TALLAHASSEE, FL 32309

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:

JOHN CLINTON WILLIAMS

New Registered Office Address:

3659 HOMESTEAD RD

Enter Florida street address

TALLAHASSEE

City

, Florida 32309

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.

John Clinton Williams
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Warren Schoenfisch	278 Rosehill Dr	<input type="checkbox"/> Add
		Tallahassee, FL	<input checked="" type="checkbox"/> Remove
		32312	
MGRM	Sandra Schoenfisch	278 Rosehill Dr.	<input type="checkbox"/> Add
		Tallahassee, FL	<input checked="" type="checkbox"/> Remove
		32312	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated NOVEMBER 8, 2013

Warren Schoenfisch

Signature of a member or authorized representative of a member

WARREN SCHOENFISCH

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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FALLS CHURCH, VIRGINIA
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION