## 109000047420

(Requ	estor's Name)	
(Addre	ess)	_
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(City/S	State/Zip/Phone	<del>-</del> #)
PICK-UP		MAIL
(Busin	ness Entity Nam	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ing Officer:	

Office Use Only



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## **COVER LETTER**

Division of Co	orporations		
SUBJECT:	VETONG LLC		
SOBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		Name of Person	
	GLADE	S BUSINESS SERVICES LLC	
	<del></del> -	Firm/Company	
		1825 Main ST suite # 8	
		Address Weston, Fl 33326	
		City/State and Zip Code	
		andoval@gladeses.com to be used for future annual report not	fication)
For further information	concerning this matter, please co	·	
Elizabeth Sandova		954 648-1571 at ()	
Name	of Person	Area Code Daytim	e 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

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

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

( <u>Name of the Limited Liability Co</u> (A Florida Lim	many at it non annoa		
(74 TK/IGG EM)	ited Liability Company)	rs on our records.)	
ne Articles of Organization for this Limited Liability Comp	any were filed on	05/15/2009	and assigned
orida document number L09000047420			
nis amendment is submitted to amend the following:			
If amending name, enter the new name of the limited	liability company h	ere:	
'A			
e new name must be distinguishable and contain the words "Limited I	liability Company," the c	designation "LLC" or the	abbreviation "L.L.C."
ater new principal offices address, if applicable:	1825 Main ST	suite # 8	<b></b>
rincipal office address MUST BE A STREET ADDRESS	Weston, FL 33:	326	ال
1			
nter new mailing address, if applicable:	1825 Main ST	suite # 8	3 AM
failing address MAY BE A POST OFFICE BOX)	Weston, FL 33.	326	ယ
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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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Glades Corporate Services, LLC	1940 Wilson Street-Hollywood	
		FL. 33020	Remove
			Change
MGR	Glades Business Services LLC	1825 Main ST, suite # 8	Add
		Weston FL, 33326	☐ Remove
		<del></del>	Change
			Add
			☐ Remove
			Change
			Add
			Remove
		<u> </u>	Change
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			Remove
		<del></del>	Change
<del></del>			
			□ Remove
			Channe

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