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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Virginia J. AR	nold LLC mited Liability Company	
The enclosed Articles of Amendment and fee(s) are so	ibmitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Virginia	T. BOND Name of Person	
O	_	
Virginia	- Bond LLC Firm/Company	
V	<u> </u>	
8013 100	NTAIN AVENUE	
	Address	
Jompa, FI	33615 City/State and Zip Gode d @ MSN. gom	
\Azidi Ozno	City/State and Zip Code	
() E-mail address	(to be used for future annual report notification	<u>n)</u>
For further information concerning this matter, please		,
	-	
Virginia T. Bond	at (813) 352 29	
Name of Person	Area Code Daytime Tele	phone Number
Enclosed is a check for the following amount:	! !	
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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	STREET/COURIER A Registration Section	ADDRESS:

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

Division of Corporations
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO | ARTICLES OF ORGANIZATION OF |

Virginia T. Arnold LLC

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

(A Florida Limited Liability Company)

(A Florida Ci	united that may Company)
The Articles of Organization for this Limited Liability Con	mpany were filed on 5/10/2010 and assigned
Florida document number <u>L10000650330</u> .	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
Viminia T. BOND LL	\sim
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	701 A
	5.5.
(Principal office address MUST BE A STREET ADDRE.	33)
	<u>΄ρβ* ω ημοτί</u>
Enter new mailing address, if applicable:	AR 11
(Mailing address MAY BE A POST OFFICE BOX)	9,10
	3.00 CC
registered agent and/or the new registered office addres	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	Lity Florida Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:
provisions of all statutes relative to the proper and com accept the obligations of my position as registered agei	ad agree to act in this capacity. I further agree to comply with the applete performance of my duties, and I am familiar with and not as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
ī	If Changing Registered Agent, Signature of New Registered Agent
•	Command arguments regiments of the arguments right

Page 1 of 3

lf amending or removed	g Authorized Person(s) authorized to from our records:	manage, enter the title, name, an	d address of each person being adde
MGR = M AMBR = A	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			☐ Change
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766		C C"1"		(optional)	Pursuant to 605,020
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