L10000126571

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER _

Division of Cor		•			
SUBJECT:	V&J REAI	L ESTATE 1, LLC			
Sobolic I.	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JOHN P. MAAS, ESQ.				
		Name of Person			
	JOHN P. MAAS, ATTOR	NEY AT LAW			
	44 NE 16 STREET				
		Address			
	HOMESTEAD, FL 33030			SECR	
	molly@snlbeans.com	City/State and Zip Code		AUG -9 PH 12: 0 RETARY OF STATE ANASSEE, FLORID	FILED
	E-mail address: (to be used for future annual report notifi	cation)	High ma	0
For further information of	concerning this matter, please ca	all:		FOUR STA	
JOHN P. MAAS, ESQU	IIRE	305 247-7132 at ()		製品の	
Name o	of Person	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 enclosed)	Certified C	of Status &	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	V&J REAL	ESTATE 1, LLC	
(Name of the Lim	it ed Liability Cor (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
		any were filed on December 9, 2009	and assigned
his amendment is submitted to amend the fol	llowing:	,	
(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			
N/A			
he new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Inter new principal offices address, if appli	icable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS		
inter new mailing address, if applicable:		N/A	
Mailing address MAY RE A POST OFFICE	E BOX)		
Author William St. 1 Co.	<u> </u>		
			三部 三 田
3. If amending the registered agent and	d/or registered	office address on our records, enter	the crame of the T
egistered agent and/or the new registered	office address l	iere:	717 O E
Name of New Registered Agent:	N/A		
New Registered Office Address:			S =
		Enter Florida street address	
		, Florida	
		City	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 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	GAETANO TALARICO	21400 SW 392 STREET	□ Add
		HOMESTEAD, FL 33034	☐ Remove
			☐ Change
			□ Add
			Remove
			Change
			Add
			□ Remove
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effective : If th	date is listed, the deduction date inserted in	dan the date of date must be specifing this block does	ic and cannot not meet the	e applicable	ate of filing or statutory fili	more than 90 ing requirem	(optional days after filing ents, this date) g.) Pursuant to 605.
inent's	effective date of	n the Departmen	i of State's i	records.				
		elayed effecti he record is fi		but not ar	n effective	time, at	12:01 a.m.	on the earlie
d	August 8 - 5	2016		6	•			
		1 1		Moral.	10			
		Signature	of a member	or authorize	d representati	ve of a member	er	

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Filing Fee: \$25.00