

L 11000013896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

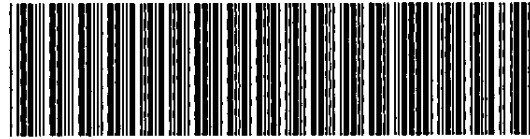
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000220551070

02/13/12--01023--015 **25.00

12 FEB 13 PM 2:19

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Vonk Enterprises LLC
Name of Limited Liability Company

RECEIVED
CORPORATION DIVISION
12 FEB 13 PM 2:19

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

Please return all correspondence concerning this matter to the following:

Rembert Vonk

Name of Person

Vonk Enterprises LLC

Firm/Company

1010 Foggy Brook Pl

Address

Longwood, FL 32750

City/State and Zip Code

rembert@excellentvacationhomes.com

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

For further information concerning this matter, please call:

Rembert Vonk

Name of Person

at (407)

870-2242

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

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

Vonk Enterprises LLC

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

12 FEB 13 PM 2:19
RECEIVED
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
HARRIS, TEXAS

The Articles of Organization for this Limited Liability Company were filed on 02/02/2011 and assigned
Florida document number L11000013896.

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)

2200 E Irlo Bronson Memorial Hwy.

Suite 107

Kissimmee, FL 34744

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2200 E Irlo Bronson Memorial Hwy.

Suite 107

Kissimmee, FL 34744

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:

2200 E Irlo Bronson Memorial Hwy, Suite 107

Enter Florida street address

Kissimmee

City

, Florida

34744

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.

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	Monique Vonk	1010 Foggy Brook Pl Longwood, FL 32750	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Peggy Joyce Holder	3753 Mayo Cir Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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.)*

Dated February 08, 2012



Signature of a member or authorized representative of a member

Rembert Vonk

Typed or printed name of signee