

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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G. MCLEOD

JUL 26 2011

EXAMINER



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07/25/11--01037--006 **30.00



COVER LETTER

TO:	Registration Se Division of Co				
SUBJI	· ГСТ•	VELS	STAND, LLC		
оов.			ted Liability Company		
		Amendment and fee(s) are subondence concerning this matter			
			Tonya Fuentes		<u> </u>
			Firm/Company		 .
			P.O. Box 236816		
			Address		
			Cocoa, FL 32923		
			City/State and Zip Code		
		E-mail address: (rec2011@yahoo.com to be used for future annual report	t notification)	
For fu	ther information o	concerning this matter, please of	all:		
		nya Fuentes	at (321)	271-5226	
	Name o	of Person	Area Code & D	aytime Telephone Nu	ımber
Enclos	ed is a check for t	he following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	Cert	0 Filing Fee, ificate of Status & tified Copy litional copy is enclosed)
	MAIL	ING ADDRESS:	STREET/CO	DURIER ADDRES	SS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limite</u>	VELSTAI d Liability Compa A Florida Limited I	ND, LLC ny as it now appears o liability Company)	n our records.)		
The Articles of Organization for this Limited L Florida document numberL1100002		were filed on	2/24/2011	and assig	ned
This amendment is submitted to amend the following	lowing:				
A. If amending name, <u>enter the new name o</u>	of the limited liab	oility company here:			
The new name must be distinguishable and end wi'L.L.C."	ith the words "Lim	ited Liability Company,	" the designation	"LLC" or the ab	breviation
Enter new principal offices address, if appli	cable:	4399 35th Stree	t N.	reat	
(Principal office address MUST BE A STREET ADDRESS)		St. Petersburg,			7
Enter new mailing address, if applicable:		P.O. Box 23681	6	25 PM	
(Mailing address MAY BE A POST OFFICE	Cocoa, FL 3292	2: 20			
B. If amending the registered agent and registered agent and/or the new registered o			records, enter	the name of	the new
Name of New Registered Agent:	Tonya Fuer	ntes			
New Registered Office Address:	4399 35th S	Street N.			
		Enter	Florida street aa	ldress	
St.		Petersburg	, Florida	33714	
		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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
D	Reggie R. Decotret	4399 35th Street N. St. Petersburg, FL 33714	Add Remove		
MGR_	Tonya Fuentes	4399 35th Street N. St. Petersburg, FL 33714	Add Remove 		
			Add Remove		
			Add Remove 		
<u></u>			☐Add ☐Remove		
		· · · · · · · · · · · · · · · · · · ·	Add Remove		
D. If amend	ling any other information, ento	er change(s) here: (Attach additional sheets, if necessary.)	_		
			-		
					
Dated	July 21	, <u>2011</u>			
	Signature of				
	Tonya Fuentes Typed or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00