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COVER LETTER

TO:	Registration Se Division of Cor							
SUBJECT: Velandia Will Services , LLC								
		Name of Limi	ted Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
			Angela Cuellar					
			Name of Felson					
Velandia Will Services , LLC								
Firm/Company								
458 N Laurel Drive								
Address								
	Margate, FI 33063							
	City/State and Zip Code							
angela_vivianac@hotmail.com E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
	Ar	ngela Cuellar		4016329				
	Name o	of Person	Area Code & Daytime	Telephone Number				
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 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		ration Section on of Corporations ox 6327	STREET/COURING Registration Section Division of Corport Clifton Building 2661 Executive Certallahassee, FL 32.	n ations nter Circle				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Velandia Will Services, LL	С	
(Name of the I	Limited Liability Company as it now apper (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Lin	nited Liability Company were filed on	08/03/2011	and assigned
Florida document number L110	000089434		
This amendment is submitted to amend	the following:		
A. If amending name, enter the new n	name of the limited liability company he	ere:	
The new name must be distinguishable and "L.L.C."	end with the words "Limited Liability Comp	pany," the designation "I	LC" or the abbreviatio
Enter new principal offices address, if	applicable:		
(Principal office address MUST BE A S	STREET ADDRESS)		
Enter new mailing address, if applical	ble:		
(Mailing address MAY BE A POST OF	FFICE BOX)		
B. If amending the registered agen registered agent and/or the new regist	t and/or registered office address on ered office address here:	our records, enter t	he name of the nev
	· · · · · · · · · · · · · · · · · · ·		
Name of New Registered Agen	<u>nt</u> :		
New Registered Office Addres		nter Florida street add	P/100
	L		
	City	, Florida	Zin 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> **Address** Type of Action **MGRM** Scot Will 458 N Laurel Drive , Margate, FI 33063 ___ Add Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 09/05/ 2012 Dated Signature of a member or authorized representative of a member Angela Cuellar Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00