L1100013265

	(Requestor's Name)
- :-	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
-	(Document Number)
Certified Copies	Certificates of Status

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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

1			My National States	•	•.
	gistration Se vision of Cor		15.4	April 19 Mars	
SUBJECT:	,	VAN	IICOL, LLC		
		Name of Limi	ted Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	n all correspo	endence concerning this matter	to the following:		
			HENRY MARTINEZ		
			Name of Person		
		HEN	IRY MAYTINEE Firm/Company		
			16180 S POST RD	· · · · · · · · · · · · · · · · · · ·	
			Address		
			WESTON, FL 33331 City/State and Zip Code	, , , , , ,	
	19 h	THE SE FELIPEC	ONTENTO@HOTMAIL	LCOMP CB166	
For further i	nformation c	E-mail address: (to	o be used for future annual report	3 (16.45%)	
			, :		
		RY MARTINEZ f Person	at (<u>954)</u> Area Code & D	980-8683 aytime Telephone Number	
Enclosed is	a check for th	ne following amount:		•	
▼ \$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified	te of Status &
	Registr Divisio P.O. Bo	ation Section on of Corporations ox 6327 ssee, FL 32314	Registration S Division of C (Clifton Build)	orporations ing 1 (after) ve/Center Circle	



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2011

HENRY MARTINEZ 16180 S. POST ROAD WESTON, FL 33331

SUBJECT: VANICOL, LLC Ref. Number: L11000132263

We have received your document for VANICOL, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 511A00027934

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	VANICO			
(Name of the Limiter	Liability Compa Florida Limited L	ny as it now appea liability Company)	irs on our records.)	
The Articles of Organization for this Limited L	iability Company	were filed on	NOV 21,2011	and assigned
Florida document numberL1100013	2263			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		16180 S. PC	ST RD SUITE 102	<u>}</u>
(Principal office address MUST BE A STREET ADDRES		WESTON, F	L 33331	
Enter new mailing address, if applicable:	16180 S. POST RD SUITE 102			
(Mailing address MAY BE A POST OFFICE BOX)		WESTON, F	L 33331	
B. If amending the registered agent and/ registered agent and/or the new registered or	Ų		our records, <u>enter tl</u>	<u>ne name of the new</u>
			ALL	SEC 12
Name of New Registered Agent:	ANGELA P.	PULIDO	<u>d</u> =	S E T
New Registered Office Address:	16180 S. PC	OST RD SUITE		3 W
		Er	nter Florida street addį	程 3 11
· · · · · · · · · · · · · · · · · · ·		VESTON	, Florida	_ N 33991 □
		City		Zip Chide
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.

Hagela Wiles

| 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 of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	HENRY MARTINEZ	16180 S POST RD SUITE 102 WESTON, FL 33331	Add Remove
MGR_	ANGELA P. PULIDO	16180 S POST RD SUITE 102 WESTON, FL 33331	✓ Add ☐ Remove
MGRM	ANGELA P. PULIDO	16180S: POST RD SUITE 102 WESTON, FL 33331	Add Remove
MGRM	HENRY MARTINEZ	16180 S. POST RD SUITE 102 WESTON, FL 33331	✓ Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)
_			<u> </u>
Dated	DEC 07 ,	<u>2011</u> .	
	HENPY I	TARTINEL . ber or authorized representative of a member	
	-	HENRY MARTINEZ	
		ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00