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Registration Section

TO:

Division of Corporations			*		
SUBJECT: XVD 4	Name'el Limite	5 ⁺ \(A \) \(\) d Liability Company	e LLC		
The enclosed Articles of Amendment	and fee(s) are submi	itted for filing.			
Please return all correspondence conc	erning this matter to	the following:			
	5teven	Ramus	1001		
	Steven	A · Ra	munni	PA	
	/ / /	Firm/Company			
		Address 2 \$\phi\$ City/State and Zip C		975	
		City/State and Zip C	ode		
	Steve & c E-mail address: (to	be used for future and	nual report hotifica	ion)	
For further information concerning th	is matter, please call	l:			
Steven Ran	nuwi	at (<u>\$1</u> 5_)	<u> 230-</u>	2268	
Name of Person		Area Code	Daytime Te	elephone Number	
Enclosed is a check for the following	amount:				
) Filing Fee & ficate of Status	S55.00 Filing I Certified Cop (additional copy)	у	Certified (e of Status &
Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ıs	Reg Divi The 241:	et Address: istration Section ision of Corpo Centre of Tall 5 N. Monroe S	rations lahassee street, Suite 81	0
		Tali	ahassee, FL 32	2303	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited)	O / UVCS 5 Th AVP LLC Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number $\frac{L}{L} \frac{120000}{2000}$	ility Company were filed on	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)		abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		# 1L 2020 DEC 7
B. If amending the registered agent and/or regi	istered office address on our records, enter the na	™ cof the new registere
agent and/or the new registered office address b	<u>nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida _	Zip Code
	City	ыр соис

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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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ote: II	e date, if other than tive date is listed, the date the date inserted in th it's effective date on th	is block does	not meet the	e applicable s	e of filing or m tatutory filin	ore than 90 days g requirement	optional) safter filing.) F s, this date w	ursuant to 605.02 Ill not be listed
record s is filed	specifies a delayed effe l.	ective date, bu	it not an effe	ctive time, a	t 12:01 a.m. o	on the earlier o	of: (b) The S	Oth day after th
ited	11/17		_, _	000		7		
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					epresentative			