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TO: Registration Section Division of Corporations	· ·•
SUBJECT: VISHALI VARGA, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Katherine E. Barrett Name of Person VISHALI VARGA, LLC Firm/Company	
JOG HERON DRIVE	
DELROY BEACH, FL 33444 City/State and Zip Code K80 Barrett@ 9mail. (0m) E-mail address: (to be used future annual report notification)	, <u>;</u> , , , , , , , , , , , , , , , , , , ,
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	15 64 6 15 64 6
Katherine Barrett at (56) 573-5012 Area Code Daytime Telephone Number	TARY OF STA
Enclosed is a check for the following amount:	17 Tions
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were tiled on Feb. 18, 2013 and assigned Florida document number L. 130000 25372.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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.

Ciry

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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

MGR = Manager

AMBR = Authorized Member Type of Action Title Name Address ___□ Add __ Change __□ Add ☐ Remove ☐ Change __□ ∧dd ____ □ Remove _□ Change \square Add _□ Remove ☐ Change □ Add □ Remove ☐ Change □ Add _□ Remove _ Change

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Fan effective date i <u>Note:</u> If the date	if other than the d is listed, the date must be inserted in this bloc tive date on the Dep	e specific and cani k does not meet	ot be prior to date o the applicable stat	f filing or more th	an 90 days after fil	ing.) Pursuan	
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Filing Fee: \$25.00