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(Cit	y/State/Zip/Phone #	<u>) </u>
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Vella Fores Industries Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Angel Perez Vellatanes
Vellatares Industries
Substant Dr. JAddress
City/State and Zip Code a. Vell afanels @ quil (Set pon). com 1:-mail address: (to be used for future agritual report notification)
For further information concerning this matter, please call:
Angel Perez Vella fares at (813) 810-0059 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Certificate of Status \$\Bigcup \\$55.00 Filing Fee \& \Certificate of Status \& \Certificate of Sta

MAILING ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florid	ity Company as it now appears on the Limited Liability Company)	ourrecords.)	
The Articles of Organization for this Limited Liability C	Company were filed on 🔾	125/2013	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable:		nation "LLC" or the abbrev	viation "L.1C."
(Principal office address MUST BE A STREET ADD)	KESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			ro
B. If amending the registered agent and/or registered agent and/or the new registered office add		r records, enter the	name of the nev
Name of New Registered Agent:		·	
New Registered Office Address:	Enter Florida s	street address	
	·	, Florida	
	City	2	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 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member <u>Title</u> **Address Type of Action** <u>Name</u> Amanda J Hardy 8213 Canary Canyon Way and ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove , □ Řemove ⊋: ☐Change ☐ Remove

☐ Change

amending any other information, enter change(s) here: (Attach additional sheets,	
	
,	
	
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 dote: If the date inserted in this block does not meet the applicable statutory filing requirement of State's records.	_ (optional) ays after filing.) Pursuant to 605.020 ints, this date will not be listed a
record specifies a delayed effective date, but not an effective time, at 1: The 90th day after the record is filed.	2:01 a.m. on the earlier o
ated October 17 . 2017.	201
<u> </u>	7 00
Signature of a member or authorized representative of a member	. 25
Amel Poroz Vollafanos	<u> </u>
Typed or printed name of signee)

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Filing Fee: \$25.00