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SECRETARY OF STA

2021 SEP 13 AM 8: 3

## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations					
	VLADYS E	ENTERPRISES, LLC					
SUBJECT:		Name of Limited Liability Company					
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		VLADIMIR ST. LOUIS					
			Name of Person				
		VLADYS ENTERPRISES	, LLC				
			Firm/Company				
		2566 SW 83RD TERRAC	E				
			Address				
		MIRAMAR, FLORIDA 33	3025				
		<del></del>	City/State and Zip Code	<u></u>			
		VSL9891@MAC.COM  E-mail address: (	to be used for future annual report n	otification)			
For further in	nformation c	oncerning this matter, please c	•	,			
VLADIMIR	ST. LOUIS		954 682-2917				
	Name o	f Person	at () Area Code Dayt	time Telephone Number			
Enclosed is a	a check for th	ne following amount:					
■ \$25.00 F	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)			
Re <sub>j</sub> Div	iling Addres gistration S vision of C D. Box 632	Section Corporations	Street Address: Registration S Division of C The Centre of	Section Corporations			
	J. Box 632 Ilahassee, I			roe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

2021 SEP 13 AM 8: 32

VLADYS ENTERPRISES, LLC

(Name of the Limited Liability Company as it now appears on our records.) [E. F. [194]]

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Con-	npany were filed on 04/03/2013	and assigned
Florida document number L13000049225		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
<del></del>	Enter Florida street addres.	5
		orida
	City	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 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>	<u>Name</u>	Address	Type of Action
MGRM	JOANE ST. LOUIS	2566 SW 83RD TERRACE	<b>≣</b> Add
		MIRAMAR, FLORIDA 33025	□Remove
			□Change
			□Remove
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			Remove
			□Change

document's effective date on ti	ne Department	of State's	records.	c statutory I	mng requir	ments, this	date will not	be listed as
Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the decument's effective date are decument.	e must be specifi	ic and canno	t he prior to a	date of filing a	ir mare than (	t safte such Of	ilina \ Durayaa	t to 605.0207
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