## L13000085480

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Ви	siness Entity Nar	me)
(Do	ocument Number)	)
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	2
<u>L</u>		

Office Use Only



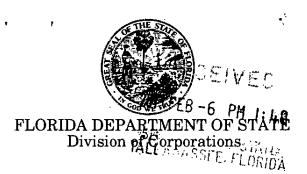
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M. MILLIGAN FEB 08 2017

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January 26, 2017

JORDAN WILLIAMS 1870 N CORPORATE LAKES BLVD STE 267186 FORT LAUDERDALE, FL 33326

SUBJECT: WILLFAN APPS, LLC Ref. Number: L13000085480

We have received your document for WILLFAN APPS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 717A00001643

## **COVER LETTER**

TO:	Registration Se Division of Cor				
		APPS, LLC		•	
SUBJECT:Name of Limited Liability Company					
The e	enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Pleas	se return all correspo	ndence concerning this matter	to the following:		
		JORDAN WILLIAMS	d fee(s) are submitted for filing.  ning this matter to the following:  WILLIAMS  Name of Person  LLC  Firm/Company  ORPORATE LAKES BLVD STE 267186  Address  JDERDALE, FL 33326  City/State and Zip Code  CO@GMAIL.COM  E-mail address: (to be used for future annual report notification)  matter, please call:  305  879-1049  at (		
			Name of Person		
		WILLFAN, LLC			
Firm/Company					
	1870 N CORPORATE LAKES BLVD STE 267186				
			Address	<del></del>	
		FORT LAUDERDALE, F	L 33326		
		WILLFANCO@GMAIL.C	*	<del></del>	
		E-mail address: (	to be used for future annual report notif	ication)	
For f	further information co	oncerning this matter, please ca	all:		
JOR	DAN WILLIAMS				
	Name of	f Person		Telephone Number	
Encl	osed is a check for th	ne following amount:			
<b>2</b> 9	\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	

MAILING ADDRESS: 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

WILLFAN APPS, LLC

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

	2
he Articles of Organization for this Limited Liability Company were filed on	and assigned
lorida document number L13000085480	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
VILLFAN, LLC	
he new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abt	previation "L.L.C."
inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	- <del></del>
Tit.	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
egistered agent and/or the new registered office address here:  Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	Zip Code
City	Zip Coae
ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act in this capacity. I further agr rovisions of all statutes relative to the proper and complete performance of my duties, and I am focept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, eing filed to merely reflect a change in the registered office address, I hereby confirm that the lim ompany has been notified in writing of this change.	amiliar with and if this document is
	шеа навину

## 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 records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Note: If the date inserted in the	the date of filing: the must be specific and cannot be this block does not meet the a the Department of State's rec	pplicable statutor	ng or more than 90 day		
e record specifies a del The 90th day after the	ayed effective date, bu record is filed.	t not an effec	tive time, at 12	:01 a.m. on	the earlier
JANUARY 21	2017				
Pated	ANN	52		\	
	Signature of a member of	authorized represe	entative of a member	<del>\</del>	•
JORDAN WILLIA	AMS				٠.
				There's are	î

Page 3 of 3

Filing Fee: \$25.00