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COVER LETTER

TO:

Registration Section **Division of Corporations**

SUBJECT:	ERONA VEN	NRES LL ited Liability Company	<u>-</u> C	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	1.	1A-RIA C 1	111000	
		Name of Person	rione	
	MC	6 MANA	GEONEOV	7 LLC
	1035	S Stale	Rd 7	- 315#7
	WELL	INGTON (FL3	3414
		City/State and Zip Cod Seaglass (to be used for future annu-		www.
For further information c	concerning this matter, please c	all:		
	C' Moro	at (<u>\\\</u>)_ Area Code	2/5-1 Daytime Te	160 4 26 lephone Number
Enclosed is a check for the	he following amount:			(H n2
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is c		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration bivision of C P.O. Box 632	Section Corporations 27	Regis Divisi The C	Address: tration Sectio ion of Corpor Centre of Talla	ations ahassee
Tallahassee,	FL 32314	2415.	N. Monroe St	treet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VERONA V	ENTURES, LLC	
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Conflorida document number	•	3 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
/	A	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or	r the abbreviation ; L.L.C."
Enter new principal offices address, if applicable:		7 Sc. 7
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		, t 10
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	e name of the new registered
	/	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da 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>	<u>Name</u>	Address	Type of Action
<u>AMB</u> R	ARIEL O. VINAGRE	1035 S State Rd 7	X Add
		Suite 315 #7	□Remove
		Wellington, FL 33414	□Change
MGR	JESSICA S. CARBALLA		□Add
		Suite 315 #7	Kemove
		Wellington, FL 33414	□Change
			□Add
		-	Remove
			202 Lange 2007 P
			Remove
			□Change □Add
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ective date, if other than the date of filing	:		_ (optional)	
effective date is listed, the date must be specific and te: If the date inserted in this block does not n	eet the applicable stat			
rument's effective date on the Department of S	ate's records.			
scord specifies a delayed effective date, but not	an effective time, at 1	2:01 a.m. on the earlie	er of: (b) The 90th	day after the
s filed.				
red 7/20/21				
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