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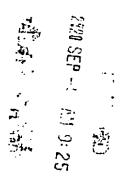
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C. GOLDEN SEP - 4 2020

COVER LETTER

Division of Cor	porations		
SUBJECT:		RVEI CLANCE	LLC
		, ,	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Roderick	Name of Person	
	YNEQUE	SURVETUANCE Firm/Company	E, LLC
	925 S	21 AVE	
		Modress	
	HOLLYWOOD	FL 33020	
	ROJO FAST GUA E-mail address: (1	City/State and Zip Code RD SPRVICE. Com o be used for future annual report note	ification)
For further information c	oncerning this matter, please ca		,
Roberick C	PAYME DR	at (305) 923	SO 3 Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 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)

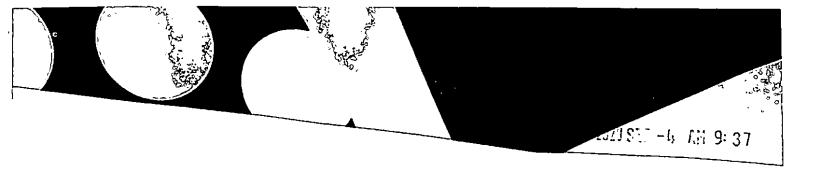
TO:

Registration Section

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

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

/ 10 1	•
Same of the Limited Liability Co.	VEILLANKE 110
(A Florida Limit	mpany as it now appears on our records.) led Liability Company)
he Articles of Organization for the con-	
he Articles of Organization for this Limited Liability Comp. Torida document number <u>13000120137</u>	any were filed on $\frac{\partial 8/26/20/3}{2}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	
N/A	liability company here:
The new name must be distinguishable and contain to	
The new name must be distinguishable and contain the words "Limited I Enter new principal offices address if applicable	liability Company," the designation "LLC" or the abbreviation "LLC"
· all cost it applicable.	925 S. 21 AVE
(Principal office address MUST BE A STREET ADDRESS	925 S. 21 AVE HOLLYWOOD FL 33020
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered	
agent and/or the new registered office address here:	fice address on our records, enter the name of the new registered
Name of New Registered Agent:	<u>/A</u>
New Registered Office Address:	
	Enter Florida street address
New Registered Agent's Signature if sharping Davis and A	Cuy Zip Cock

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

Title	<u>Name</u>	Address	Type of Action
MGR	MOISE (DUISSAINT	16752 NE 4CT	□Add
	·	16752 NE 4CT NORTH MIAMIBEH FL	33/62 XRemove
			□Change
			🗀 Add
			□Remove
			_ Change
			□Add
			□Remove
			_ Change
			□Add
			□Remove
			Change
			OAdd
			🗀 Remove
			DChange
			_ 🗆 Add
	-		_ 🗆 Remove
	_		□ Change

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
·	
•	
•	
•	
	, ,
(Îfan ef <u>Note:</u>	ive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	8/17/20
	May.
	Signature of a member or authorized representative of a member Roderick Paywe JR
	Rodorick Clayne JR
	Typed or printed name of signee

Filing Fee: \$25.00