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SECRETARY OF-STATE

T. Buren DEC. 2.4.2019

COVER LETTER

TO: Registration Sect Division of Corpo		; '	٠.	. "
SUBJECT:	Varb	LLC		
	Name of Limit	ted Liability Company		
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return all correspond	lence concerning this matter t	to the following:		
	Marco	Ventura Name of Person		<u>.</u>
	Vurb	LLC Firm/Company		····
	1939	Banks Ro	pad	
		Address		
	Margate,	FL, 33	063	
	Margate, Contact E-mail address: (to	@ Vurbpo be used for future annua	rin fing of I report notification	Com
For further information con	cerning this matter, please ca			
Marco Ven	tura	954 at (863)		1370
Name of t	Cison	Alea Code	Daytine Telep	phone Number
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

(Name of the Limited Lia	bility Company as it now appears rida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company were filed on September 17,2013 and assigned Florida document numberL 2006 [3] 2] 5. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the Difference of the limited liability Company," the designation "LLC" or the Difference of the new principal office address MUST BE A STREET ADDRESS) Enter new mailing address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Lipical City Zip Code				
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the li	imited liability company her	<u>·e</u> :		
The new name must be distinguishable and end with the words '	'Limited Liability Company," the d	esignation "LLC" or th	e abbreviation "I	.L.C."
Enter new principal offices address, if applicable:	war of the state o		<u> </u>	CHINES.
(Principal office address MUST BE A STREET AD	DRESS)			
Enter new mailing address, if applicable:			1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5	
(Mailing address MAY BE A POST OFFICE BOX)				
		our records, <u>ente</u>	er the name	of the new
Name of New Registered Agent:				
New Registered Office Address:	Enter Florid	da street address		
<u></u>		, Florida _		
	•		Zip Code	
New Registered Agent's Signature, if changing Register	ered 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGEM	Carmelo Mastranglo	498 NE Spanish Court Boca Rafon, FL, 33432	OF Add
		Boca Rafon, FL, 33432	Remove
			□ Add
			□ Remove
		TALLAHASSEE	SECRETARY OF Remove
		FLORIOA	Remove C
			□ Remove
			🗆 Add
			Remove
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			_□ Remove

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he effective date must be s	than the date of filin pecific, cannot be prior to de	ate of receipt or filed date and cannot be mor	(optional) e than 90 days after		
he date this document is fi	led by the Florida Departme	ent of State)			
Dated Decemb	er 15	, 2014			
	n				
	Signature of a	member or authorized representative of a n	nember		
	Marco	Typed or printed name of signee			
		Typed of printed name of signee	SEC	14	£
			CREI	DEC	
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Filing Fee: \$25.00