## LIHOCOCOHALOS

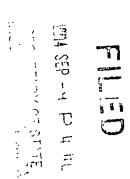
(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

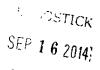
Office Use Only



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08/18/14--01013--013 \*\*25.00





## **COVER LETTER**

	istration Section sion of Corporations
SUBJECT:	VAR Agency, LLC.  Name of Limited Liability Company
The enclosed	Articles of Amendment and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	Virgen Rivera  Name of Person  VAR Agency LLC.
	Name of Person
	VAR Agency LLC.
	Firm/Company
	8960 S.W. SI St
	Address
	Miami. Floride 33165  City/State and Zip Code
	City/State and Zip Code
For further i	nformation concerning this matter, please call:
<u>Vi</u>	City/State and Zip Code  Agency Var Equal.com  Email address: (to be used for future annual report notification)  Information concerning this matter, please call:  All Rivers at (787) 603-8658  Name of Person Area Code Daytime Telephone Number  The check for the following amount:  The check for the following amount:
Enclosed is	Name of Person Area Code Daytime Telephone Number  a check for the following amount:
\$25.00 Copy er	Contillate of Status Contilled Conv. Curtificate of Status & C.

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**

•	A Gency, LCC , ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	ty Company were filed on January 8, 2014 and assigned
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the li	limited liability company here:
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8960 S.W. 51 St.
(Principal office address MUST BE A STREET AD	4 1 1 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	33165
Enter new mailing address, if applicable:	8960 S.W. 51 St
(Mailing address MAY BE A POST OFFICE BOX)	
	33/65
B. If amending the registered agent and/or re registered agent and/or the new registered office a	
Name of New Registered Agent:	Virgen Rivera 8960 S.W. SI St
New Registered Office Address:	8960 S.W. SI St Enter Florida street address
	Miami Pl., Florida 33165  City Zip Code
New Registered Agent's Signature, if changing Registe	

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 psy-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 If Changing Registered Agent, Signature of New Registered Agent company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

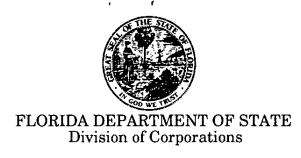
MGR = Manager

AMBR = Au	thorized Member		
Title MGN	Name Abbynel Rojas	Address 2060 NW 81 St Apt 326 Pembrice Pines F1. 33024	Type of Action  Add
	. ·	<u> </u>	Remove
			□ Add
			□ Remove
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			Remove ·

•	other information, enter change(s) here: (Attach additional sheets, if necessary.,
Ame	riding a change of address:
	To: Var Agency
	To: Var Agency 8960 S.W. 51 <sup>St</sup> Wiami, fl. 33165
	Miami, fl. 33165
effective date mu date this docume	Tother than the date of filing:
effective date mu date this docume	ust be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
effective date mu	ast be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ent is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00



August 19, 2014

VAR AGENCY, LLC VIRGEN RIVERA 8960 S.W. 51 STREET MIAMI, FL 33165

SUBJECT: VAR AGENCY, LLC Ref. Number: L14000004266

We have received your document for VAR AGENCY, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Barbara Bostick Regulatory Specialist II

SEP - SEE

Letter Number: 014A00017858