

214000028335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

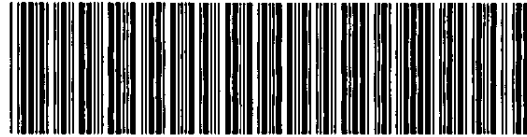
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stevens MAY 12 2014

657



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2014

GORDON HARRIS
1201 E ROBINSON ST
ORLANDO, FL 32801

SUBJECT: VADE LAGARTO, LLC
Ref. Number: L14000028339

We have received your document for VADE LAGARTO, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 814A00009053

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vade Lagarto, 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:

Gordon H. Harris

Name of Person

Firm/Company

1201 E. Robinson Street

Address

Orlando, FL 32801

City/State and Zip Code

evelyn@hhbslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gordon H. Harris

Name of Person

at 407 472-1555

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Vade Lagarto, LLC

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

The Articles of Organization for this Limited Liability Company were filed on February 18, 2014 and assigned
Florida document number L14000028339.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office 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

_____, Florida

City

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Gordon H. Harris	1201 E. Robinson Street Orlando, FL 32801	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Ruth L. Harris	1201 E. Robinson Street Orlando, FL 32801	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Routledge L. Harris	1201 E. Robinson Street Orlando, FL 32801	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Thomas C. Garo	4957 Windwood Way Orlando, FL 32819	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Roy Rivalen	Gotthardstrasse 28, Thalwil 8800 Switzerland	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Scott Montana	3941 Baja Vista Drive Oceanside, CA 92056	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

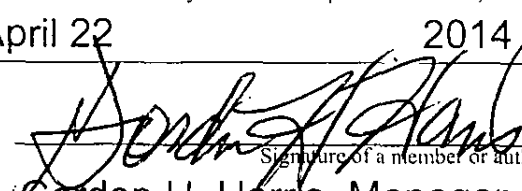
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 22 2014



Signature of a member or authorized representative of a member

Gordon H. Harris, Manager

Typed or printed name of signee

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Filing Fee: \$25.00

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