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JA.
1/19/21

COVER LETTER

TO: Registration Sec Division of Corp						
SUBJECT:	VANSUARO /	TGA / PULC sed Liability Company				
	J Name of Limi	ted/Liability Company				
The enclosed Articles of a	Amendment and fee(s) are subt	mitted for filing.				
Please return all correspor	ndence concerning this matter (to the following:				
	J	EHLEY OTTO Name of Person				
		SJOLO CESAL PUE)			
	10	Y E. Wilter Park	57.			
	٥	Playor FL 3280 Y City/State and Zip Code				
	E-mail address: (t	Tg. Ho a gmail. com	ficution)			
For further information co	oncerning this matter, please ca	ıll:				
Teff.	y Gillo	at (<u>83</u>) <u>453 - 17</u> Area Code Daytim	e Telephone Number			
Enclosed is a check for th	c following amount:					
S25.00 Filing Fee	S30.00 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)			
Mailing Address	<u>»:</u>	Street Address:				
Registration S		Registration Section				
Division of C	-	Division of Cor	•			
P.O. Box 632	1	The Centre of T	allanassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Van	ICHARD LEGAL	PLLC	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it new appeared Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>LIY0000 70 46</u>		5/1/2014	and assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	· -		breviation "L.L.C."
Enter new principal offices address, if applicable:	***		
(Principal office address MUST BE A STREET AD	DRESS)		2020
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)			DEC-7 AND
			<u> </u>
B. If amending the registered agent and/or registe agent and/or the new registered office address her		records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Fk	orida 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 Unapier 505, 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>	Name	Address	Type of Action
			□Add
			Remove
			□Change
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ord specifi filed.	ies a delayed ef	fective date, bu	t not an effe	ective time.	at 12:01 a.m.	on the earli	erof:(b) T	he 90th day after
d	12/1	2020						
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