

(Re	equestor's Name)	
(Ad	idress)	
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	-	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO: Registration Se Division of Cou	ection porations	* · · · · ·	,
SUBJECT: Vane	gas Ventures,	LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Denis Vane	gas	
		Name of Person	
	Vanegas Ve	*	
		Firm/Company	
	11830 SW 1	08th TER	
		Address	
	Miami, FL 3	3186	
		City/State and Zip Code	
	vanegasventures	@gmail.com to be used for future annual report notif	intion)
For further information of	concerning this matter, please co	•	ication)
Denis Vane	egas	_{at} 305 _, 924-3	570
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)

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

Vanegas Ventures, LLC		
(Name of the Limited Liabil (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L14000110540	Company were filed on 7/11/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the words "L	Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		<u>C</u>
	Enter Florida street address	\mathbb{S}^{-n}
	, Florida	77 CO 11
New Registered Agent's Signature, if changing Register	City red Agent:	Zip Code
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered o	complete performance of my duties, and I am j	familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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 **Type of Action Address** Title Name 11830 SW 108th TER Sheryl Vanegas **AMBR** □ Add Miami, FL 33186 **■** Remove Denis Vanegas 11830 SW 108th TER **AMBR** ■ Add Miami, FL 33186 ☐ Remove ☐ Remove ☐ Remove □ Add _⊟ Remove _□ Add _□ Remove

	eets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the date this document is filed by the Florida Department of State)	(optional) than 90 days after
Dated July 21 2014	
1 de mo	
Dated July 21 , 2014 Sheryl Vanegas	ember

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Filing Fee: \$25.00