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J. LEGGETT

## **COVER LETTER**

CHURCYT.	Value Gene	ration Partners, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Kelli S. Baxter		
			Name of Person	
		Value Generation Partners.	LLC	
			Firm/Company	
		8083 San Vista Circle		
		<del> </del>	Address	· · · · · · · · · · · · · · · · · · ·
		Naples, Florida 34109		
		kelli@valuegenerationpartn	City/State and Zip Code ers.com	
		E-mail address: (t	to be used for future annual report notific	cation)
For further in	iformation co	oncerning this matter, please ca	all:	
Kelli S. Bax	ter		239 250-5919 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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:

TO:

**Registration Section Division of Corporations** 

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

Value Generation Partners, LLC		
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number	npany were filed on September 12, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
.•		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or o	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
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Enter new mailing address, if applicable:		室上 75
Mailing address MAY BE A POST OFFICE BOX)		7
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	<del></del>	
B. If amending the registered agent and/or register		nter the name of the
registered agent and/or the new registered office addres	s here:	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
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As of January 01, 2018, owner	rship has changed to Kelli	S Baxter 90% and Ro	iney L Baxter 10%.			
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applic	cable statutory filing r	than 90 days after filing equirements, this da	ng.) Pur te will	suant to not be	n 605,020 2 listed a
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January 23 Dated	2018					
$\rightarrow$ $\rightarrow$ $\rightarrow$	Signature of a member or auth					
~ III (  I//R V (I/)						_

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00