## L14000196160

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## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

то:		istration Sec ision of Corp			
SUBJEC	CT:	Verney's LL	.C		
			Name of Lim	ited Liability Company	
The encl	osed	Articles of A	Amendment and fec(s) are sub	mitted for filing.	
Please re	turn	ali correspoi	ndence concerning this matter	to the following:	
			Simone Verney		·
				Name of Person	
			Verney's LLC	Firm/Company	
				7 mile company	
			6539 Orchid Lake Rd.	Address	
			New Port Richey, FL 3465	City/State and Zip Code	
			sverneys@gmail.com E-mail address: (	to be used for future annual report noti	fication)
For furth	ner ir	iformation co	oncerning this matter, please ca	all:	
Simone	Ven	ney		at ( 727 ) 364-8379	
		Name of	Person	Area Code Daytim	e Telephone Number
Enclosed	is a	check for the	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)
		ling Address		Street Address:	-4i
	-	gistration S vision of Co	ection orporations	Registration Se Division of Cor	

**Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Verney's LLC (Name of the Limited Lighility Compa	ny as it now annears on our rec	ords)
(A Florida Limited I	Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company	were filed on December 30,	2014 and assigned
Florida document number <u>L14000196160</u> .		
This amendment is submitted to amend the following:		
· ·	•	
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6539 Orchid Lake Rd.	
(Principal office address MUST BE A STREET ADDRESS)	New Port Richey, FL 34653	3
		: ==
Enter new mailing address, if applicable:	lity company here:  ity Company," the designation "LLC" or the abbreviation  6539 Orchid Lake Rd.  New Port Richey, FL 34653  ddress on our records, enter the name of the  Enter Florida street address  , Florida	P 1
(Mailing address MAY BE A POST OFFICE BOX)		72 -
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ent</u>	ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
Nogoview Office / Laurens	Enter Florida street add	dress
	,	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 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>	<u>Name</u>	Address	Type of Action
AMBR_	John Geary	4016 Rudder Way. New Port Richey, FL 34652	🗏 Add
			□ Remove
			□ Change
		· · · · · · · · · · · · · · · · · · ·	🗆 Add
			□ Remove
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Signature of a member or authorized representative of a member						
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	Simone Ver		f a member or authoriz		member	