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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

O: Registration Section Division of Corporations
SUBJECT: VOLLAR LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANUREA KOLLAIZ
LOLLAR LLC Firm/Company
5960 W. Sample Rd Apt #202
Caral Springs, FL, 33067 City/State and Zip Code findahome in flagmail. com E-mail address: (to be used for tuture ahnual report notification)
for further information concerning this matter, please call:
ANOREA LOLLAR at (954) 806-6748 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$\$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\$ Certificate of Status \$\Bigcup \$\$ Certificate of Status \$\Bigcup \$\$ 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**

(Name of the Limited Liability Compa	ny as it now appears on our records.)	
(Name of the Limited Liability Compa (A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>05/03/201</u>	1 and assigned
Florida document number L 1500000 8085		
A. If amending name, enter the new name of the limited liabi	lity company here:	
ANDREA KOZZAR LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	17
. ,		245
	-	amend of
	,	
Enter new mailing address, if applicable:	N/A	Appendix Company Compa
.,		y y y y y y y y y y y y y y y y y y y
•		\d. ³
registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent.	ν ₁	
New Registered Office Address:	Enter Florida street address	
	, Florid	da
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code

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
	.		
			□ Remove
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Effective date, if other than the date of filing: 05/09/2017 (optional) Far effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (wete: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The 90th day after the record is filed. Dated 05/09 2017 Address 3001 Signature of a member or authorized representative of a member	-	• • • • • • • • • • • • • • • • • • • •	
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Indres Della	The	90th day after the record is filed.	
Indres Della			
Signature of a member or authorized representative of a member	Dated	05/09/2017	
Signature of a member or authorized representative of a member		Labora Valla	
		Signature of a member or authorized representative of a member	
		ANDREA LOLLAE. Typed or printed name of signce	

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Filing Fee: \$25.00