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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer.	-
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: VANderHorst & Weisz LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sonn Childe Name of Person
VAnderhorst & WeißZLLC Firm/Company
PO BOX 180531 Address
Coussel Berm, FL 32718 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (404) 452 - 6118 2 2 Name of Person Area Code Daytime Telephone Number 2 2
Enclosed is a check for the following amount: $ \frac{\partial \mathcal{L}}{\partial \mathcal{L}} = \frac{\partial \mathcal{L}}{\partial \mathcal{L}} $
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy

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

VANdernors	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)
	pility Company were filed on JUNE 18 ZOIL and assigned
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of t	he limited liability company here:
The new name must be distinguishable and contain the wore	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET)	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	OX)
	2018 2018
	registered office address on our records, enter the name of the nev
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the nev
registered agent and/or the new registered offic	m _e
Name of New Pacintered Assets	
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	<u> </u>
	Enter Florida 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 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** □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add 2016 Remove \sim _☐ Change U El'Add ☐ Remove ☐ Change ☐ Add □ Remove

☐ Change

	must-ge A
	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	VANderhorst & Weisz LLC IS Allowed
_	to conduct Business in the State of
_	Dew york. Also In Any other State
	In the united states and canada
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Effecti for off	ve date, if other than the date of filing: (optional) >
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ent's effective date on the Department of State's records.
ne rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
10 100	90th day after the record is filed.
	90th day after the record is filed.
The	
The	Jone 18 , 2016.
The	

Page 3 of 3

Filing Fee: \$25.00

Date of this notice: 02-12-2015

Employer Identification Number:

47-3108698

Form: SS-4

Number of this notice: CP 575 G

VANDERHORST & WEISZ RECOVERY CHEX SOLUTIONS % JOHN CHILDS SOLE MBR PO BOX 180531 CASSELBERRY, FL 32718

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-3108698. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is VAND. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY) 575G

02-12-2015 VAND O 9999999999 SS-4

Keep this part for your records.

CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 02-12-2015 ()

EMPLOYER IDENTIFICATION NUMBER: 47-3108698

FORM: SS-4

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INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 Mahlablahlahlahlallandahlallah

VANDERHORST & WEISZ RECOVERY CHEX SOLUTIONS & JOHN CHILDS SOLE MBR PO BOX 180531 CASSELBERRY, FL 32718