# 215000064939

Office Use Only



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06/26/17--01017--015 \*\*25.00

2017 JUN 26 PH 2: 20
SECRETARY OF STATE
AND ANSSET FINGUITY.

J. HARRIS

# **COVER LETTER**

Division of Co			
SUBJECT:	THE VERENT	For Gel LLC	_
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	<b>^</b>	IABIL DASAN	l
	PERFEC	Name of Person  Tolf Garp  Firm/Company	LLC
	100	Colon gi	ψΩ.
		Address	
		LANDO, £ 32	
	• •	City/State and Zip Code  Coffee FECT Got	
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please ca	all:	
NASI	C DASANI	at (40) 721	/ 8300
Name o	of Person	Area Code Daytin	ne 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

Liability Company as it now appears on our records.)

#### 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 A

City

Zip Code

Page 1 of 3

'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> Address **Name Type of Action** 1001 E. JUSTERSON ST ORLANDO, PL 32601 NABIL DAJANI □ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add □ Remove \_□ Change □ Add ☐ Remove ☐ Change RETARY OF STANSSEE FLORE ⊟ **2** □ Add ☐ Remove

\_□ Change

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	ate, if other than the date of filing: $6/23/17$ (ontional)
ctive da	ate, if other than the date of filing: 6/25// (optional)  e 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.
e: If the	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste
iment's	effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
IP YIITT	h day after the record is filed.
ic 50ti	6/23 2017
	· · · · · · · · · · · · · · · · · · ·
	6/23 2017. No. 1755 \$
	Signature of a member or authorized representative of a member  WASIL DATAWERS  8
	Signature of a member or authorized representative of a member  WASIL DATA SERVICE SER
ed	Signature of a member or authorized representative of a member  WASIL DATAWERS  8

Filing Fee: \$25.00