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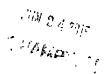
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SECRETARY OF STATE
AND AHASSEF, FLORID



COVER LETTER

TO:	Registration S Division of Co		*	** &			
SÍTR		AN SERVICES LLC					
SUB	Name of Limited Liability Company						
•							
The	enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Pleas	se return all corresp	ondence concerning this matter	to the following:				
		VITERMAN SANCHEZ					
		<u></u>	Name of Person				
VITERMAN SERVICES LLC							
Firm/Company							
	89 PINE OAK DR						
Address							
	PLANT CITY, FL 33565						
			City/State and Zip Code				
		E-mail address: (to be used for future annual report notif	cation)			
For f	further information	concerning this matter, please e	all:				
VITI	ERMAN SANCHE	Z	954 394-9460				
	Name	of Person	at () Area Code Daytime	Telephone Number			
Encl	osed is a check for	the following amount:					
3 5	\$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

VITERMAN SERVICES LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records d Liability Company)	.)
The Articles of Organization for this Limited Liability Compar Florida document number L15000076929	ny were filed on 04/30/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	7/4	
		FG & TI
Enter new mailing address, if applicable:		N 22
(Mailing address MAY BE A POST OFFICE BOX)		THE BO
The state of the s	-	J: 58
	-	John or
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Prortug street adaress	
	, Flo	rida
	LIIV	/ 11) \$ (10P

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

Title	<u>Name</u>	Address	Type of Action
MGR	BRENDA F PEREZ	2326 COCHRAN ST LAKELAND	Add
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ctive date, if other than the effective date is listed, the date muse: If the date inserted in this blument's effective date on the December 2001, specifies a delayed	the specific and cannot be pook does not meet the apepartment of State's reconstitution. I effective date, but	prior to date of filing or n plicable statutory filir ords.	g requirements, thi	r filing.) Pursua is date will no	t be listed
ne 90th day after the rec					
d JUNE 16	, 2015	 ·			
V Pull				SE SE	÷
- source	Signature of a member or a	authorized representative	e of a member	CRE AH	1 TI
VITERMAN SANCHE	T.			(, , , , , , , , , , , , , , , , , , ,	
	Typed or p	orinted name of signee		FOR	E I'I
	p	age 3 of 3		STATE	17 C

Filing Fee: \$25.00