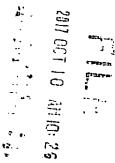


| (Requestor's Name) | |
|---|----------------------|
| (Address) | 10030413 |
| (Address) | 10030413 |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | 10/10/1701025 |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| Office Hea Only | 70 ¹⁷ . C |
| Office Use Only | 12017 |



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COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|-----------|---|--|---|---|
| CHIBACA | Vanamy I.J. | | | |
| SUBJEC | CT: | | ited Liability Company | |
| The encl | osed Articles of A | Amendment and fee(s) are sub | omitted for filing. | |
| Please re | eturn all correspor | ndence concerning this matter | to the following: | |
| | | Jackeline Israel de Nichols | s | |
| | | | Name of Person | |
| | | Vanamy LLC | | |
| | | | Firm/Company | ······································ |
| | | 801 N Congress Ave, Suite | e 283 | |
| | | | Address | |
| | | Boynton Beach, FL 33426 | 5 | |
| | | | City/State and Zip Code | |
| | networkresearchintl@gmail.com E-mail address: (to be used for future annual report notification) | | | |
| For furth | er information co | ncerning this matter, please ca | | ication) |
| Jackelin | Name of Person Area Code Daytime Telephone Number | | | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed | l is a check for the | e following amount: | | |
| □ \$25.6 | 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

| Vanamy LLC | | |
|--|---|---|
| (Name of the Lin | ited Liability Company as it now app (A Florida Limited Liability Compan | pears on our records.) |
| The Articles of Organization for this Limited I Torida document number $\frac{1.15000105614}{1.1000105614}$ | • • | 06/17/2015 and assigned |
| his amendment is submitted to amend the fol | | |
| . If amending name, enter the new name | - | <u>· here</u> : |
| ne new name must be distinguishable and contain the | words "Limited Liability Company," tl | he designation "LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if appli | cable: | |
| Principal office address MUST BE A STRE | ET ADDRESS) | <u> </u> |
| | | 0 |
| | | |
| nter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | င့် ကိ |
| egistered agent and/or the new registered o | | on our records, enter the name of the n |
| Name of New Registered Agent: | | |
| New Registered Office Address: | 801 N Congress Ave., Suite 28 | 3 Florida street address |
| | Boynton Beach | |
| | City | , Florida 33426 |

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.

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> | <u>Address</u> | Type of Action |
|--------------|-----------------------------|---------------------------------|----------------|
| AMBR | Jackeline Israel de Nichols | 801 N Congress Ave, Suite 283 | ⊟ Add |
| | | Boynton Beach, FL 33426 | Remove |
| | | | ☐ Change |
| AMBR | Adam Nichols | 801 N. Congress Ave, Suite 283, | |
| | | Boynton Beach, FL 33426 | □ Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | ☐ Change |
| | | | Add |
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| | other than the date in listed, the date must be spoinserted in this block do ive date on the Departm | ecific and cannot be oes not meet the a | applicable statutor | | | g.) Pursuant | |
| Note: If the date i | | | | | | | |
| Note: If the date in document's effection in the record specion in | ifies a delayed effe after the record is | ective date, bu s filed. | ut not an effect | tive time, at 1 | 2:01 a.m | on the | earlier of |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00