## LIFE IN 1997C

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<del>)</del>
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
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	Office Use Only	



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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	Name of Lim	ated Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bruce R. Abernethy, Jr.		
		Name of Person	
	Bruce R. Abernethy, Jr., P	.A.	
		Firm/Company	
	130 S. Indian River Drive.	Suite 201	
	•	Address	
	Fort Pierce, FL 34950		
		City/State and Zip Code	
	babernethy@abernethylaws	-	
	E-mail address: (	to be used for future annual report not	tification)
for further information of	oncerning this matter, please c	all:	
Bruce R. Abernethy, Jr.		772 489-4901	
Name o	f Person	at ()	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 tadditional copy is enclosed
Mailing Addres		Street Address:	nation
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Varn Equipment Leasing LLC			
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on d Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compar			and assigned
Florida document number L15000159970			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
Varn Leasing, LLC			
The new name must be distinguishable and contain the words "Limited Lia	ibility Company." the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		<del></del> -	020
			9020 HAR
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			· <u> </u>
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			ာ္မွာ ထ္ထ
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our recor	rds, <u>enter the name</u>	of the new registere
agent and or the new regiments white admitted			
Name of New Registered Agent:			<del></del>
New Registered Office Address:			
	Enter Florida s	street address	
		, Florida	Zip Code
	Cay		Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>it:</u>		

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
MGR	Brooke Varn	3601 Gordy Road	<b>=</b> Add
		Fort Pierce, FL 34945	□Remove
		□Change	
			□Add
			Remove
			□Change
			□Add
			Remove
			Change
		□Remove	
	<del></del>	Change	
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Remove
		☐ Change	
		□Add	
			□Remove
			□Change

1200	tive date, if other than the date of filing:(optional)
(If an el Note:	(optional) Rective 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 (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
P\sec	) - ) 8 2020
Date	2020  Lloval Man  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	f Signature of a member or autiliarized representative of a member
	Donald Varn
	Typed or printed name of signee

Filing Fee: \$25.00