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COVER LETTER

TO:	Registrat Division o					
SUBJ	ECT:	-VT	1TES-35, LLC Name of Lim	ited Liability Company		
The e	nclosed Artic	tles of A	mendment and fee(s) are sub	mitted for filing.		
Please	e return all co	vrrespond	lence concerning this matter	to the following:		
			Nicole Buc	Name of Person	<u> </u>	
			JV-1785-35	y UC Firm/Company		
			2135 Harde	n Blyd: Address	- 1	TINOVIII
			Lakeland	FL 33803 City/State and Zip Code		M 9: 13
			Nicole buor E-mail address:	io be used for future annual report notif	· COM	13
For fu	rther informa	ation cor	neerning this matter, please co			
_	licole	By Name of I	uchamia Person	at (<u>813</u>) <u>679 8</u> Area Code Daytime	3376 Felephone Number	
Enclo	sed is a cheel	k for the	following amount:		I	
	25.00 Filing I		☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	Certified (e of Status &
	 	Registrat Division P.O. Bos	SG ADDRESS: ion Section of Corporations (6327 see, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Ce	n ations	

Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JV-ITES-35, LLC.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1(000019743</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabi		
Enter new principal offices address, if applicable:	8621 E. Dr. Martin Luther King Jr. Tampa, FL 33610	Bluc
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33610	
Enter new mailing address, if applicable:	8621 E. Dr. Martin Luther King Jr. 1	Bluc
(Mailing address MAY BE A POST OFFICE BOX)	Tampa FL 33610	_,,
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	office address on our records, enter the name of the mere:	<u>ew</u>
	Florida (25)	
	City: Grap Cas	
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	eperformance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	'ic
If Chai	inging 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:

<u>l itle</u>	Name	Address	Type of Action
			□ Add
			Remove
			Remove
			□ Change
			Add
			☐ Remove
			Changers
			Changers D Add
			OB Bemove
			Change
			. □ Remove
			Change
			☐ Remove
			Change

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	•
ive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of filing or more to the date inserted in this block does not meet the applicable statutory filing reductive date on the Department of State's records. cord specifies a delayed effective date, but not an effective time a 90th day after the record is filed.	quirements, this date will not be list
·	
November 5th 2018.	
Signature of a member or authorized representative of a	ı member
Nicole Buoramia Typed or printed name of signee	l l

Filing Fee: \$25.00