## L160000 47446

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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**S Warren** AUG 0 8 2016

## **COVER LETTER**

	tration Section of Corp			
SUBJECT:	&SOFV	ERO BEACH, LLC		
SOBSECT		Name of Limi	ted Liability Company	
		Amendment and fee(s) are submodence concerning this matter		
		SAMUEL A. BLOCK		
			Name of Person	
		BLOCK & SCARPA		
			Firm/Company	
1555 INDIAN RIVER BLVD. SUITE B-125				
			Address	
		VERO BEACH, FL 32960		
			City/State and Zip Code	
		skippgail@bellsouth.net	to be used for future annual rep	ort natification)
For further info	ormation co	oncerning this matter, please ca	·	on nonneation,
SAMUEL A. I			772 704 1	918  Daytime Telephone Number
	Name of	`Person	Area Code	Daytime Telephone Number
Enclosed is a c	check for th	e following amount:		
■ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$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

L & S OF VERO BEACH, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/09/2016}{1}$ and assigned Florida document number L16000047446 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GAIL LANGFITT	6426 51ST AVE., VERO BCH, FL	
			☐ Remove
			Change
			Add
			☐ Remove
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