## L160000 74144

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## **COVER LETTER**

TO:	Registration Sect Division of Corpo			
SUBJEC	Lien on Me,	LLC	•	
30000		Name of Lim	ited Liability Company	
The encl	osed Anticles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspond	dence concerning this matter	to the following:	
		Sebastian Nye-Schmitz		
			Name of Person	<u>.</u>
		The Nye-Schmitz Law Fir.	m, P.A.	
			Firm/Company	
		3447 Pine Ridge Road Ste	101	
			Address	
		Naples, FL 34109		
			City/State and Zip Code	<del></del>
		sns@swfltaxlaw.com  E-mail address: (	to be used for future annual report noti-	fication)
For furth	er information cor	ncerning this matter, please ca		,
Sebastia	in Nye-Schmitz		239 210-5088 at ()	
	Name of I	erson	Area Code Daytim	e Telephone Number
Enclosed	is a check for the	following amount:		
<b>■ \$2</b> 5.	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)
	<b>NA</b> 112			

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lien on Me, LLC

2020 / 117 PY 3: 26

( <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 L16000074144	were filed on 04/14/2016 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
Vacom USA, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	1434 Vintage Lane			
	Naples, FL 34014			
Enter new mailing address, if applicable:	<del></del>			
Mailing address MAY BE A POST OFFICE BOX	1434 Vintage Lane			
	Naples, FL 34014			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:				
New Registered Office Address:				
The registered Office Address.	Enter Florida street address			
	City Zip Code			

## 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>	<u>Address</u>	Type of Action
MGR	Stefanie Immler	1434 Vintage Lane	≡Add
		Naples, FL 34014	□Remove
			□Change
MGR	Vacom, Inc.	1434 Vintage Lane	<b>=</b> Add
		Naples, FL 34014	□Remove
			□Change
	<del></del>	<del></del>	□ Add
			□Remove
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			□Remove
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record s	specifies a delayo	ed effective date, b	ut not an effectiv	e time, at 12:0	l a.m. on the ear	rlier of: (b) The S	00th day after the
l is filed	l <b>.</b>						
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	<u></u>	Signatur	e of a member or a	authorized represe	entative of a mem	ber	<del></del>
	Sebastian Nye						

Filing Fee: \$25.00