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### **COVER LETTER**

SUBJECT: VV	N LLC		
	Division of Corporations  BJECT:		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
Division of Corporations  SUBJECT:			
		N LL C Firm/Company	
	NN 2FI	138th Terr	Svite 200
	bonesvill	Cit//State and Zip Code	569
	E-mail address: (i	Kar @ hotm to be used for future annual report not	Gilication)
For further information			
Vivek	Nevika/ of Person	at (ADU) SS3 - Area Code Daytim	H & S 9 ne Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

VVN LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on 4115 2016 and ass	igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili		
Enter new principal offices address, if applicable:	175 NW. 138th Terr Su	<u>ite 2</u> 00
(Principal office address MUST BE A STREET ADDRESS)	Jonesville, FL 32669	<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Jonesville, FL 32 660	<u>Suite</u> 200 1
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		of the new
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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	uthorized Member <u>Name</u>	<u>Address</u>	Type of Action
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ective date, if other than the date of filing:	(optional)	£ 030:
n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day te: If the date inserted in this block does not meet the applicable statutory filing requirement	ys after 111mg.) Pursuant to 60 its, this date will not be lis	5.0207 ted as
cument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12	:01 a.m. on the earl	ier o
he 90th day after the record is filed.		
red April 16 , 2016.		
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Signature of a member or authorized representative of a member	24	
Vivek V. Nerikar	23. Tr	
Typed or printed name of signee	<del></del>	5 02 5 02
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Page 3 of 3

Filing Fee: \$25.00