

L16 0000 96293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

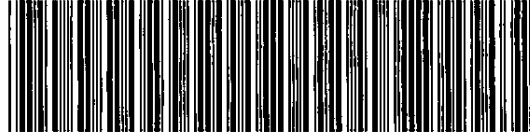
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JUL 18 PM 2:50
CLERK OF COURT
TALLAHASSEE, FLORIDA

JUL 19 2016

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PROVENDING 18, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANK R. SARIOL

Name of Person

Firm/Company

8200 NW 41st STREET, SUITE 200-13

Address

DORAL, FLORIDA 33166

City/State and Zip Code

FSARIOL@ME.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANK R. SARIOL

at 305 934-7090
Area Code Daytime Telephone Number

Enclosed is a check for the 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
(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

OF

(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 MAY 17, 2016 and assigned
Florida document number L16000096293.

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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.

Page 1 of 3

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MELISSA WHANON	LOS CHORROS PPAL AVE,	☐ Add
		LOS JARDINES ST, #4B	☒ Remove
		CARACAS, MIRANDA, MI. 1071	☐ Change
MGR	MELISSA WAHNON	LOS CHORROS PPAL AVE,	☒ Add
		LOS JARDINES ST, #4B	☐ Remove
		CARACAS, MI. 1071 VZ	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

16 JUL 18 PM 5:50
FBI
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
ALLIANCE FLORIDA

ONLY CHANGING THE SPELLING OF THE LAST NAME OF MELISSA WAHNON WHICH WAS
ERRONEOUSLY LISTED AS MELISSA WHANON

FILED
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TALLAHASSEE, FLORIDA

MAY 17, 2016

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JULY 12, 2016

Signature of a member or authorized representative of a member

SONNY MILHEM, MGR

Typed or printed name of signee