

L16 000 117904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

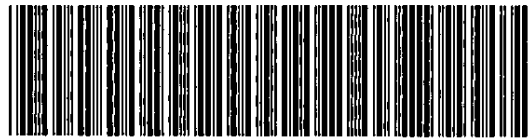
(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 AUG 17 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2016

ANDREW ALLISON
16258 SW 23RD ST.
MIRAMAR, FL 33027

SUBJECT: VENGOLY, LLC
Ref. Number: L16000117904

We have received your document for VENGOLY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 916A00014930

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vengoly, 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:

Andrew Allison
Name of Person

Firm/Company

16258 SW 28th Street
Address

Miramar FL 33027
City/State and Zip Code

gallison40@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Allison at (305) 602-2535
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2016 AUG 17 PM 12:02
TALLAHASSEE, FL 32301

VS

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TALLAHASSEE, FLORIDA
16 and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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>	<u>Type of Action</u>
CEO	Andrew Allison	16258 SW 23 rd Street	<input type="checkbox"/> Add
		Miramar FL 33027	<input checked="" type="checkbox"/> Remove
		7595 Baymeadows Circle	<input type="checkbox"/> Change
MGR	Jamal Davis	W apt 2302 Jacksonville	<input checked="" type="checkbox"/> Add
		FL 32256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

Dated _____, _____.

Adrian

Andrew Allison

Typed or printed name of signee