## 16000168078

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
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NARO 6 2000 J. HARRIS

## **COVER LETTER**

CUDIFOR	Vinali LLC			
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Ruth Velez		
			Name of Person	
		Vinali LLC		
			Firm/Company	
		4501 S Shore Rd		
			Address	
		Orlando, FL 32839		
		rvelez@vinalistaffing.com	City/State and Zip Code	
		•	to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Ruth Velez			407 574-2000 at ( )	
	Name of	Person		Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 F	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:

TO:

Registration Section
Division of Corporations

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

Vinali LLC					
(Name of the Limi	ted Liability Compa (A Florida Limited	ny as it now appears o Liability Company)	n our records.		
The Articles of Organization for this Limited L Florida document number _L16000168078	iability Company	were filed on Septe	mber 8, 2016	and as	signed
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name o	of the limited liab	ility company here	:		
he new name must be distinguishable and contain the	667 ( fa_d 7 ( t.	lia. Campany 9 shardasi	mation will Coo an the	abbanistion "I	
Enter new principal offices address, if appli		4501 S Shore Rd	gnation LLC or the	abbreviation L	,L.V.
Principal office address MUST BE A STRE		Orlando, FL 32839	)		•
Timespa. Office damess N2001 D271 STREET	71 710 D KLIGHT				
Enter new mailing address, if applicable:		2860 Delaney Ave	. #568513	MAR -S	
Mailing address MAY BE A POST OFFICE	BOX)	Orlando, FL 32839	)		
B. If amending the registered agent and registered agent and/or the new registered of	_		ur records, <u>ent</u>	er the name	of the
Name of New Registered Agent:	Ruth Velez			<del></del>	,,
New Registered Office Address:	4501 S Shore F				
		Enter Florida	street address		
	Orlando	City	, Florida	32839 Zip Code	
		Cuy		z.p coae	

## 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.

f Changing Registered Agent Signature of New Registered Agent

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>	Type of Action
AMBR	Ruth Velez	4501 S Shore Rd.	□ Add
		Orlando, FL 32839	☐ Remove
			■ Change
MGR	Israel Velez	2860 Delaney Ave. #568513	
		Orlando, FL 32806	□ Remove
			■ Change
			Add
			☐ Remove
			Change
	***		□ Add
	·		Remove
			Change
			Add, Page
			Remove Remove
			□ Change
			Add □ Remove
			□ Change

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Signature of a n	nember or author	rized represer	ntative of a me	ember	Ser. Y	S

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Filing Fee: \$25.00