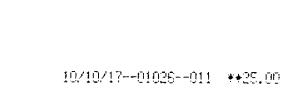
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M. MILLIGAN
OCT 12 2017.

COVER LETTER

Division of Corp	orutions		
SUBJECT: VANT	ier Senvice	3 Mc	<u></u>
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subt	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	VANDERUEI	De hellis VAIX	,A3
		Name of Person	
	VANDER SE	FRUICES LAC	
	~ 1	Firm/Company	
	2586 PODE	irt trest Jove	3 AH 1125
	/	Address	
	OR LANDO /	City State and Zin Code	
	IAADE 2	En U LES L Co	DE WAIL COM
For further information co	ocerning this matter, please ca	H:	·
MANARRUSI	AJ PHILICRAI	405 32825 40	78497630
Name of	Persun	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
S \$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 (abhumal cupy is melosed)

MAILING ADDRESS:

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

TO:

Registration Section

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 SECRETARY OF

	OF	17 OCT 10
VANDER SERVICES	s hlc	. AA 9: 08
(Name of the Limited Linbility Co (A Florida Limi	mpany ay it now app aed Liability Compan	eurs on our records.)
The Articles of Organization for this Limited Liability Comp	gany were filed on	09/12/16 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company	here:
The new name mass be distinguishable and comtain the words "Limited L	.ubilny Company," th	e designation "LLC" or the abbres sation "LLC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address.		on our records, enter the name of the new
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter l	krisla stret aktrest
		. 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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Ma AMBR = Au	anager thorized Member		
<u>Title</u>	Name	Address	Type of Action
MOR	ALESSANDRA C.S. PALXAS	2586 lobert trintsower	AP+ 1125
			П Кепьоче
			Change
			D Add
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			O Change
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			☐ Remove
			Change

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