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SECRETARY OF STATEMS
THE SECRETARY OF STATEMS

N. CAUSSEAUX JUN 1 4 2017

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	VONDE TY Name of Limit	terprise	L.L.C.
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yvonna	Name of Person	
		Firm/Company	<del></del>
	1421 NE	Address A	pt.IL
	N. Miani L Frazilos C E-mail address:	Beath FL.  City/State and Zip Code  O O M O L C O M  to be used for future annual report notif	3.316.2 (ication)
For further information of	concerning this matter, please ca	all:	
Wonna.	Frazil of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vonne Internited Lin	er or Se bility Company as it now appears on our records.)	
(A Flor	rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L 1 6 0 0 174</u>		_ and assigned
This amendment is submitted to amend the following	g.	
A. If amending name, enter the new name of the leave the	Limited liability company here:  Limited Liability Company," the designation "L.L.C" or the abbre	viation "L.I <u>.,</u> C."
Enter new principal offices address, if applicable:		N SE
(Principal office address MUST BE A STREET AD		T JUN OF
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2	CORPORATIONS
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, <u>enter th</u> address here:	e name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

## 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

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00