117000014031

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)
Certified Copies	_ Certificate	s of Status
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D. SCOTT FEB 3 2017

COVER LETTER

Division of Cor	porations		
V. Ein, LLC	C		
SUBJEC1:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	William R. Birt		
		Name of Person	
	V. Ein, LLC		
		Firm/Company	
	1468 SW Main Blvd, S105	i-31	
	-,, 	Address	, , , , , , , , , , , , , , , , , , ,
	Lake city, FL 32025		
		City/State and Zip Code	
	keptbyveln@gmail.com	to be used for future annual report noti	Continue Con
		•	neation)
For further information c	oncerning this matter, please co	all:	
William R. Birt		386 330-5230 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for th	ne following amount:		2007
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 \$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

V. Ein. LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number L17000014031	vere filed on January 18, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
	City , Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Willia	William R. Birt	16286 95th Drive	Add
		Live Oak, FL 32060	■ Remove
			☐ Change
AMBR William R. Birt	William R. Birt	16286 95th Drive	■ Add
		Live Oak, FL 32060	□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add SECOREMONE T
			Grange PH 2: 36 Remove
			□ Add 23 □ Remove
			☐ Change

. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
	
	
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Note: If the	date, if other than the date of filing:
	· Tag =
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated	JANUARY 31, 2017.
	William & Gut Signature of a member or authorized representative of a member
	William R. Birt
	Typed or printed name of signee

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Filing Fee: \$25.00