Division of Corporations Electronic Filing Cover Sheet

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(((H17000209105 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 Phone : (407)898-1757 Fax Number : (407)897-5336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VENDEE REAL ESTATE HOLDINGS LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
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Y SULKER

H17000209105 3 **COVER LETTER**

TO:

Registration Section

| Division | of Corporations | | | | | |
|-------------------|--|--|--------------------------------------|--|--|--|
| | VENDÉE REAL E | STATE HOLDINGS L | LC | | | |
| SUBJECT: | Name of Limi | Name of Limited Liability Company | | | | |
| : | | | | | | |
| The enclosed Art | icles of Amendment and fee(s) are sub- | mitted for filing. | | | | |
| Please return all | correspondence concerning this matter | to the following: | • | | | |
| | | MARIANA SOUZ. | Ą | | | |
| : | Name of Person ACCOUNT BOOKKEEPING CORP | | | | | |
| | | | | | | |
| ; | Firm/Company | | | | | |
| : | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | 5301 CONROY RD STE 140 Address | | | | |
| : | | | | | | |
| | | ORLANDO, FL 32811 | | | | |
| | 411 | City/State and Zip Cod | | | | |
| | i | CUSTOMER@ABKCORP.COM E-mail address: (to be used for future annual report notification) | | | | |
| : | | | at report notification | • | | |
| For further infor | mation concerning this matter, please c | all: | | | | |
| | mariana souza | 407 at () _ | 898-1757 | | | |
| | Name of Person | Area Code | Daytime Telep | hone Number | | |
| | | | 161 | | | |
| Enclosed is a ch | eck for the following amount: | | | | | |
| \$25,00 Filin | g Fee \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fer Certified Copy (additional copy is a | | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | MAILING ADDRESS: | | ET/COURIER A | DDRESS: | | |
| | Registration Section | | ration Section on of Corporations | : | | |
| | Division of Corporations P.O. Box 6327 | | Building | • | | |
| | Tallahassee, FL 32314 | 2661 F | Executive Center C | lirole . | | |

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Tallahassee, FL 32301

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ATTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | VENDE | E REAL ESTATE HOLDINGS | LLC | |
|---------------------|--|---|-------------------------|---|
| | (Name of the Limited I | lability Company 25 it now appear florida Limited Liability Company) | rs on our records.) | |
| | ganization for this Limited Liabi | lity Company were filed on | 01/26/2017 | and assigned |
| lorida document | numberL17000024998 | · | | |
| This amendment i | s submitted to amend the following | ng: | | |
| A. If amending r | ame, enter the new name of th | e limited liability company ho | ere: | |
| The new name must b | e distinguishable and contain the word | s "Limited Liability Company," the d | designation "ULC" or | the abbreviation "L.L.C." |
| Enter new princi | pal offices address, if applicabl | e: | | |
| Principal office of | address MUST BE A STREET A | (DDRESS) | | |
| | | | | |
| | | | | |
| Enter new mailir | ng address, if applicable: | | | |
| Mailing address | MAY BE A POST OFFICE BO | <u></u> | | |
| • | | | | |
| i | | | | 7 |
| B. If amending | the registered agent and/or and/or the new registered offic | registered office address of e address bere: | n our records, <u>e</u> | nter the name of the new |
| registered agent | andror the new registered office | | | SSE |
| Nama Ai | fNew Registered Agent: | | | |
| • | | | | 77. 3 |
| <u>New Re</u> | gistered Office Address: | Enter Flo | orida street address | |
| | | | . Floric | , <u>, , , , , , , , , , , , , , , , , , </u> |
| | | City | | Zıp 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

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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 = AMBR = | Manager Authorized Member | | |
|-----------------|------------------------------|------------------------|----------------|
| <u> Fitle</u> | Name | Address | Type of Action |
| MGR | SOARES PINHEIRO, MARCELO | 5341 DIAZ PLACE | B Add |
| | | JACKSONVILLE, FL 32210 | ☐ Remove |
| | | | Change |
| | | | □ Add |
| | | | Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | □ Remove |
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