## 117000064190

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

S. YOUNG

## **COVER LETTER**

Division of Cor				
HIGH-WA SUBJECT:	VES PROPERTIES LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LLOYD GRANET, ESQ.			
		Name of Person		
	LLOYD GRANET, P.A.			
		Firm/Company		
	2295 NW CORPORATE I	BOULEVARD, SUITE 235	1	SECH
		Address	17 APR 17	AHA E TA
	BOCA RATON, FL 33431	I	1	HASSE
		City/State and Zip Code	P.	E. FLORIDA
	goldigoldberg108@gmail.c		eation)	OR II
		to be used for future annual report notific	cation) $\alpha$	2
For further information c	concerning this matter, please ca	all:		
Lloyd Granet		561 999.9300 at ( )		
Name	of Person		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	
	JNG ADDRESS:	STREET/COURIE Registration Section		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iability Company as it now appears on our records.) Torida Limited Liability Company)	
ity Company were filed on March 22, 2017	and assigned
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ng:	
e limited liability company here:	
	<u> </u>
"Limited Liability Company," the designation "LLC" or th	e abbrevialion "L. 1702"
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	88 B
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registered office address on our records, em	ter the name of the n
e address here:	
	***
Enter Florida street address	
Florido	
, Fiorida	Zip Code
	Enter Florida street address  Elimited Liability Company," the designation "LLC" or the set of the

## 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

He, mending 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
MGR	Joshua Goldberg	25700 Science Park Dr., Suite 365	
		Beachwood, OH 44122	Remove
			Change
MGR	Gold-Waves Management LLC	25700 Science Park Dr. Suite 365	🗟 Add
		Beachwood, OH 44122	□ Remove
			- Chan For
			SEURE JARY THE LAHASSE APRIL
			Renoven
			S ORIO
			□ Remove
			Change
			Add
			Remove
			☐ Change
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			Remove
			☐ Change

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fective date, if other than the date of filing:	(optional)	
in effective date is listed, the date must be specific and cannot be prior to date of filing	or more than 90 days after filing.) Purst	ant to 605.02
ote: If the date inserted in this block does not meet the applicable statutory ocument's effective date on the Department of State's records.	ming requirements, this date will h	or be fisied
•		
e record specifies a delayed effective date, but not an effection. The 90th day after the record is filed.	ve time, at 12:01 a.m. on th	ne earlier
ated April 14,2017		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00