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SEP 1 7 2020 S. YOUNG

COVER LETTER

Division of Cor			n •	
, SUBJECT:	SCHWETER	NETWORK, LLO	,	
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DIE	GO LOPES PINTO		
	Name of Person			
		N/A		
		Firm/Company		
	2607 V	ineville Ave Suite 105		
		Address	·	
		Macon, GA 31204		
		City/State and Zip Code		
	DIE E-mail address:	GO@USCI.GROUP to be used for future annual report no	tification)	
For further information o	concerning this matter, please c	•		
DIEGO	L PINTO	at (561) 305-05	584	
	of Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for t	he following amount:			
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Sectin Section Section Section Section Section Section Section Section	
Matthewal		Ca A d d		
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of		
Tallahassee, FL 32314		2415 N. Monroe Street. Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ()F

SCHWETER NETWORK, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company v	were filed on	04/11/2017	and assigned
Florida document number <u>L1700081767</u>			regio o
This amendment is submitted to amend the following:			Service of the servic
A. If amending name, enter the new name of the limited liabil	lity company h	ere:	
VAN-FRANC BUILDERS, LLC			
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the o	lesignation "LI C" or the	abbreviation "E.L.C."
Enter new principal offices address, if applicable:	<u>2607 V</u>	<u>ineville Ave Sui</u>	<u>te 105,</u>
(Principal office address MUST BE A STREET ADDRESS)	Macon.	GA 31204	
			4- 405
Enter new mailing address, if applicable:		ineville Ave Sui	ite 105,
(Mailing address MAY BE A POST OFFICE BOX)	Macon,	GA 31204	
agent and/or the new registered office address here: Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
	City	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pa being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance o _i rovided for in (Emy duties, and Lam Chapter 605, F.S. Oi	n familiar with and r. if this document is
	<u> </u>	gent, Signature of New R	

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
		N/A	bbA□
			∐Remove
			□Change
			□Add
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<u> </u>	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

N	/A
ective d:	ite, if other than the date of filing:07/22/2020(optional)
effective	date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pursuant to 605.020
	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a effective date on the Department of State's records.
concent s	tree tree date on the repartition of fatter a records.
	it is a fact of the fact of th
cora spec s filed.	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after th
ed	JULY 22ND 2020
cu	1/2
	Min L. H. F.
_	Signature of a member or authorized representative of a member
	•
	DIEGO LOPES PINTO Typed or printed name of signee
_	Typed as printed page at course

Filing Fee: \$25.00