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COVER LETTER

TO: Registration ! Division of Co			
SUBJECT:	VEXUS RANCA Name of Lim	1 LLC ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	James	Shevidan Name of Person	
		Firm/Company	
	1220 Winte	er Garden Vinela	nd Rd #108
	Winter Ga	rden FL 347 (City/State and Zip Code	<u>37</u>
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please co	ill:	
James Name	Sheridan of Person	at (321) 325 Area Code Daytime	Z45 1 Telephone Number
Enclosed is a check for	the 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

Nexus Ro (Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number <u>LITODOO83267</u> This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited</u>	ted liability company here:
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1220 Winter Gordon Vineid Rd #108 ESS) Winter Gordon FL 34787
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1200 Winter Gordon Vineland ad #10 Winter Gordon Fr. 34-787
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on our records, <u>enter the name of the new</u> <u>ess here</u> :
Name of New Registered Agent:	mes Shevidan
New Registered Office Address: 123	<u> Minter Gorden Vinernd Rd #108</u> Enter Florida street address <u>Nter Gorden</u> , Florida <u>3478</u>
_ <u></u> (_	City Zin 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 = M $AMBR = A$	anager uthorized Member		
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