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(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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COVER LETTER

Div	ision of Cor	porations		
SURIF <i>C</i> T.	Vargas Tea	m Homes LLC		
SUBJECT.			nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please returr	all correspo	ndence concerning this matter	to the following:	
		Raquel Vargas		
			Name of Person	
		Vargas Team Homes LLC		
Firm/Company				
		6917 Narcoossee Road Su	ite 728	
			Address	
		Orlando FL 32822		
			City/State and Zip Code	
		ceo@vargasteam.net		
		E-mail address: (to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please co	all:	
Raquel Varg	gas		407 557-2150 at ()	
Name of Person			Area Code Daytime	Telephone Number
Englosed is a	scheck for th	e following amount:		
		_	Flore to the first of the first	F1 640 00 000 D
■ \$25.00 F	illing 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:

TO:

Registration Section

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

Vargas Team Homes LLC		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number L17000140827	y Company were filed on 6/29/2017	and assigned
This amendment is submitted to amend the following	3.	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		TO TO
(Principal office address MUST BE A STREET AD	DRESS)	<u> </u>
Enter new mailing address, if applicable:		7.72
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, <u>er</u> address here:	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	a
	City	Zip 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Erwin Vargas	6917 Narcoossee Road Suite 728	
		Orlando FL 32822	■ Remove
			Change
			Remove
			☐ Change S
			Add
			☐ Remove
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ctive date, if other than the effective date is listed, the date must	date of filing: be specific and cannot be prior to	date of filing or more than 9	(optional) 0 days after filing.) Pursi	uant to 605.0
If the date inserted in this blo iment's effective date on the De	ck does not meet the applicab	le statutory filing require	ments, this date will n	ot be listed
mient serietive date on the fre	paradem of State's records.			
ecord specifies a delayed	effective date, but not a	an effective time, at	: 12:01 a.m. on th	ne earlier
ne 90th day after the reco	rd is filed.			
Na	2012			
November 29	2017			
	1/			
\wedge	-/6UN	ed representative of a mem		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00