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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

	tion Section of Corporations		
	VGENTEK LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Arti	eles of Amendment and fee(s) are sub	mitted for filing.	
Please return all c	orrespondence concerning this matter	to the following:	
	Michael Stanton		
		Name of Person	
	Stanton Cronin Law Group	o. PL	
		Firm/Company	
	6944 W. Linebaugh Ave. S	Suite 102	
		Address	
	Tampa, Florida 33625		
		City/State and Zip Code	
	mstanton@scławyergroup.c		
	E-mail address: (to be used for future annual report notif	ication)
For further inform	nation concerning this matter, please ca	all:	
Michael Stanton		813 444-0155 at ()	
	Name of Person	at () Area Code Daytime	Telephone Number
Enclosed is a chec	ck for the following amount:		
■ \$25.00 Filing	Fee S30.00 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

NEWGENTEK LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp.	any were filed on 10/4/2017	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	-	
<u>Principal office address MUST BE A STREET ADDRESS</u>	2	
Enter new mailing address, if applicable:		angel.
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
3. If amending the registered agent and/or registered		
egistered agent and/or the new registered office address	<u>here</u> :	<u>.</u>
		64
Name of New Registered Agent:		·••
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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
MGR	Michael Stanton	12157 Linebaugh Avenue 170	
		Tampa, FL 33625	■ Remove
		 	Change
MGR	Chon Nguyen	12157 Linebaugh Avenue 170	≅ Add
		Tampa, FL 33625	☐ Remove
			☐ Change
			🗆 Add
			Remove
			□ Change
		4	Add
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fective date, if other than the date of filing:	o date of filing or more than 90 days	ptional)	ant to 605 026
ite: If the date inserted in this block does not meet the application.	ble statutory filing requirements.	this date will n	ot be listed a
cument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not	an offactive time at 12:0	ıı am on th	o obdies
The 90th day after the record is filed.	an enective time, at 12.0	ri a.iii. Oii ti	ie earner
October 26 2017			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00