## 117000225983

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FILED

1011 NOV 16 PN 3-37

SECRETARY OF STATE

K. SALY NOV 17 2017

## **COVER LETTER**

Divisio	on of Corpo	rations			
 SUBJECT:	VEND	EL SERVICE	S AND SU	PPLIES I	LLC_
		Name of Limite	d Liability Company		
The enclosed A	rticles of An	nendment and fee(s) are subm	tted for filing.		
Please return all	l corresponde	ence concerning this matter to	the following:		
		(ARLO:	S CHATA	RA	
			Name of Person		
			Firm/Company	<del></del>	
				ADT AU.	
		1121 FAIRLAKE	Address	471 Z410	<del></del>
			radioss		
		WESTON, FL	, 33326		
			City/State and Zip Cod	ie	
		carles.ch E-mail address: (to	atara @	gmail c	lom
		E-mail address: (to	be used for future annu-	al report notification	n)
For further info	rmation cond	erning this matter, please call	:		
CARLO	S CHA	<i>TAPA</i> erson	at (954)_	930-03	3-59
	Name of Po	erson	Area Code	Daytime Tele	phone Number
Enclosed is a ch	neck for the f	ollowing amount:			
☑ \$25.00 Filir	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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 ARTICLES OF ORGANIZATION **OF**

ARTICLES OF C		2017 ADV 16 PH 3 37  SECRETARY OF STATE  O1, 2017 and assigned
O	'I'	WITHOU !
VENDEL SERVICES A	AND SUPPLIES	LASCICIO PN 2
VENDEL SERVICES A  (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our record	S.) AMASSE OF S.
		E. FLORIE
The Articles of Organization for this Limited Liability Company	were filed on HOVEMBER	01, 2017 and assigned
Florida document number L 17000225983		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
VANDEL SERVICES AND	SUPPLIES LI	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1121 FAIRLAKE	TRACE APT 2410
(Principal office address MUST BE A STREET ADDRESS)	WESTON, FL	TRACE APT 2410
Enter new mailing address, if applicable:	1121 FAIRLAKE	TRACE APT 2410
(Mailing address MAY BE A POST OFFICE BOX)	WESTON, FL.	TRACE APT 2410
intuing day of the property		-
B. If amending the registered agent and/or registered of		s, enter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
<del></del>		orida
	Cuy	Zıp 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 FILED
2017 NOV 16 PN 3-37
SECRETARY OF STATE
FLORIDA or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action **Address** <u>Title</u> Name | □ Add □ Remove \_□ Change

			□ Add
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	TALLAHASSEE, FLORIDA
ctive date, if other than the date	e of filing: (optional)
	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 does not meet the applicable statutory filing requirements, this date will not be listed a
iment's effective date on the Depart	
ecord specifies a delayed eff	fective date, but not an effective time, at 12:01 a.m. on the earlier
he 90th day after the record	
ed HOVEMBER 12	2017
	Carl. E Ol Kar. nature of a member or authorized representative of a member
Sign	nature of a member or authorized representative of a member
	CARLOS E CHATARA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00