

11/10/2020

Kim Tadlock 8004323622

(02/06) 11/10/2020 03:16:10 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I2016000017

Phone : (855)498-5500

Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
VERGE INVESTMENTS, LLC**

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**COVER LETTER**

H20000389968 3

**TO: Registration Section  
Division of Corporations**

**SUBJECT: VERGE INVESTMENTS, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTOPHER R. BARNES

Name of Person

Firm/Company

1014 W. FAIRBANKS AVENUE

Address

WINTER PARK, FLORIDA 32789

City/State and Zip Code

CBARNES@VERGEPROP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER BARNES

407 756-9400  
at ( )

Name of Person

Area Code

Daytime 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

H20000389968 3

H20000389968 3

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

VERGE INVESTMENTS, 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 were filed on 12/01/2017 and assigned  
Florida document number 1.17000246282.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:	<u>CHIRAG B. KABRAWALA, ESQ.</u>
New Registered Office Address:	<u>1014 WEST FAIRBANKS AVENUE</u>
	<i>Enter Florida street address</i>
	<u>WINTER PARK</u> , <u>Florida</u> <u>32789</u>
	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

H20000389968 3

H20000389968 3

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ADAM ARNOTT	9868 KILGORE ROAD	<input type="checkbox"/> Add
		ORLANDO, FLORIDA 32836	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TODD NASH	9398 POCKET LANE	<input type="checkbox"/> Add
		ORLANDO, FLORIDA 32836	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHRISTOPHER R. BARNES	42 E YALE STREET	<input type="checkbox"/> Add
		ORLANDO, FLORIDA 32804	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CBARNES, LLC	42 E YALE STREET	<input checked="" type="checkbox"/> Add
		ORLANDO, FLORIDA 32804	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H20000389968 3

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

Effective date, if other than the date of filing: \_\_\_\_\_ (Optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) of the Rules of the Commission, if the effective date of the filing is the same as the filing date, this date will not be listed as the effective date.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 7, 2020

*CB, h*

Signature of a member or authorized representative of a member

CHIRAG B. KABRAWALA, ESQ.

Typed or printed name of signee