## 117000259409

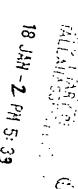
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## COVER LETTER

TO: Registration Se Division of Cor				
VACAS LI	.C			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Ramon Navarro			
		Name of Person		<del>_</del>
	VACAS LLC	}		
		Firm/Company		_
	1005 59TH AVE DR E			
		Address		<del></del>
	BRADENTON, FL 34203			
		City/State and Zip Code		_
	E-mail address: (	to be used for future annual re	port notification)	-
For further information c	oncerning this matter, please ca	all:		
Ramon Navarro		904 521 at ( )	<b>5</b> 776	
Name o	f Person	Area Code	Daytime Telephone Numb	er
		1		
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certific	Filing Fee, cate of Status & ed Copy and copy is enclosed)
Registr Divisio P.O. Bo	ation Section of Corporations ox 6327 assee, FL 32314	Registratio Division of Clifton Bui 2661 Exect	f Corporations	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VACAS LLC	ţ		
(Name of the Limited Liability Compa (A Florida Limited	any as it now a Liability Comp	appears on our records.) Dany)	
The Articles of Organization for this Limited Liability Company Florida document number L17000259409	were filed	on 12/20/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility compa	ny here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company,	the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	<del></del>		78 J
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
		<del> </del>	رن م
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ss on our records, <u>en</u>	
Name of New Registered Agent:		_	
New Registered Office Address:	Ent	er Florida street address	
		, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performan provided fo	ce of my duties, and I a r in Chapter 605, F.S.	im familiar with and Or, if this document is
If Cha	nging Register	red Agent, <u>Signature of Ne</u> v	v Registered Agent

Page 1 of 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 **Title Address Type of Action** Name 1 MGR Ramon Navarro 1005 59TH AVE DR EON, FL 342 **■** Add BRADENTON, FL 34203 ☐ Remove ☐ Change 1005 59TH AVE DR E Antonio Vava MGMR □ Add BRADENTON, FL 34203 ☐ Remove ■ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change ☐ Remove ☐ Change

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ective date, if other than t effective date is listed, the date i	the date of filing:	ot ha prior to data a	Coling of more than	(optional	) • 1 Durmant to 605 03
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uniem s'effective date on the	: Department of State	s records.			
record specifies a delay		, but not an ef	fective time, a	at 12:01 a.m.	on the earlier
he 90th day after the r	ecord is filed.	1			
12/29 ed	20	17			
^		·			
()	Signature of a memb	per or authorized ren	presentative of a me	mber	
	Tomate of a metho	wannoneve to			
Antonio Vaca	Type	ed or printed name o	of signer		

Filing Fee: \$25.00