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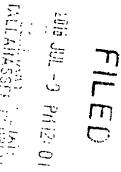
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COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJ	ест: <u>Labo</u>	rers of Limit	ed Liability Company	
The e	nclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please	return all correspond	dence concerning this matter to	o the following:	
		Matheu	Name of Person	dent
		Vancol ente	Firm/Company	
		P.O. BOX	92131 Address	
		Laxeland,	FL 338044 City/State and Zip Code	
		1ets tak@ m	o be used for future annual report notifical	tion)
For fi	irther information cor	ncerning this matter, please cal	11:	
N	1athew 1	Janco L Person	at (<u>424</u>) <u>343 61</u> Area Code Daytime Te	34 elephone Number
Enclo	sed is a check for the	following amount:		
≱A S	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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Laborers of Lu (Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on $1-26-18$	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the VANCOL ENTERPR. The new name must be distinguishable and contain the word	ISE, LLC	he abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		iter the name of the new
		6 m
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	Shikita Vancol	P.O. BOX 92131	
		Lakeland FL 33804	Remove
			Change
MGR	Chuan Bullack	P.O. BOX 92131	
		Lakeland, Fl 33804	Remove
			☐ Change
MGR	Gina Vancol	P.O. BOX 92131	 ∕Add
		Lakeland, FL 33804	□ Remove
			Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than lote: If the date inserted in this block does not meet the applicable statutory filing require ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.	at 12:01 a.m. on the earlier of
ated Signature of a member or authorized representative of a me	
Signature of a member or authorized representative of a me Mathew Jakob Typed or printed name of signee	ember

Page 3 of 3

Filing Fee: \$25.00