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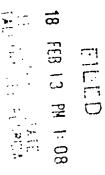
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: V-Adicted 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:
Julio E. Padilla-Paneto Name of Person
Firm/Company
3723 Imperial DR
Winter Haven FL 33880 City/State and Zip Code Vdicted & Gmail. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tulio E. Padilla Paneto at (863) 224-8528 Name of Person Area Code Daytime Telephone Number
Inclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee. \$\Bigcup \$

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

(Name of the Limited Lie (A Flo	cted	LLC		
(Name of the Limited Lii (A Flo	ability Compan orida Limited Li			
The Articles of Organization for this Limited Liabilia Florida document number <u>L 1800003</u> 33	ty Company v 739	vere filed on	2/5/18	and assigned
This amendment is submitted to amend the following	ā:			
A. If amending name, enter the new name of the				
V-Dicted LLC The new name must be distinguishable and contain the words "	Limited Liabilis	y Company," the des	ignation "LLC" or the	abbreviation "L.L.C"
Enter new principal offices address, if applicable:				—≕ੜ
(Principal office address MUST BE A STREET AL	ODRESS)	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX))			B 13 D
	_			© 0 2 0 8 0
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered offi address here:	ice address on o	our records, <u>ent</u> c	er the name of the new
Name of New Registered Agent:	Jul	io E. Pa	adilla-P ZIAL D a street address	aneto
New Registered Office Address:	372	3 IMPET	CIAL)	R
	MINTE	Enter Florid	a street address, Florida _	3388D
_		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, Strature of New 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	Julio E. Patilla-Pare	to 3723 IMERIAL DO	2 Add
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Effective date, if other that the family of the first of the family of the first of	: date must be specific .	and cannot be prior to	o date of filing or mor	e than 90 days after fil	ing) Pursuant to 605.6	0207 (
Note: If the date inserted i document's effective date of			ble statutory filing	requirements, this d	ate will not be listed	dası
ne record specifies a			an effective tir	ne, at 12:01 a.r	n. on the earlie	r of:
The 90th day after t	the record is file	d.				
Dated			_ ·			
Dated				-		
Dated			of representative o			

Page 3 of 3

Filing Fee: \$25.00