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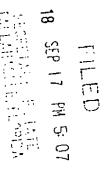
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

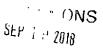
Office Use Only



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09/17/18--01020--015 **25.00





COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Vaines Capital 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:
All an L. Varne of Person
Valences Copital Firm/Company
1581 Rusty Rail Rood
Facksmulle Fl 32225 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ollo Values Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, 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

Lanes (a)	ted Liability Company as it now appears (A Florida Limited Liability Company)	
(Name of the Limi	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited L. Florida document number L. 15 C.C.C. 1	iability Company were filed on	3/21/2015 and assigned
This amendment is submitted to amend the foll A. If amending name, enter the new name of		e: 8 1 5
The new name must be distinguishable and contain the vector of the principal offices address, if application of the principal office address MUST BE A STREE	eable:	rignation "LLC" or the abbreviation "LLC."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the new
Name of New Registered Agent:	Vances, Allan	<u> </u>
New Registered Office Address:	1591 Rusty Ro	a street address
	Jack Sirvella	Florida 31125

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
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emending any other information, en	iter change(s) here: (Attach additional sheets, if necessary.)
 	
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	P.
ective date, if other than the date of effective date is listed, the date must be specien. If the date inserted in this block does ument's effective date on the Department.	rific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 is not meet the applicable statutory filing requirements, this date will not be list
record specifies a delayed effect he 90th day after the record is f	tive date, but not an effective time, at 12:01 a.m. on the earli
ed <u>C1.13.22</u>	<u> </u>
a J Vares Signatur	re of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00