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COVER LETTER

TO: Registration Se Division of Cor	ction porations		
SUBJECT:	Veening 15 1/Name of Lim	CE LCW AMK	oition_
The enclosed Articles of A	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Umile	Name of Person	
		Firm/Company	
	113380	56 45th DU	
	Mirarma	Address Address City/State and Zin Code	,
(Imie E-mail address: (to be used for functionnual report notif	all alm
For further information co	oncerning this matter, please ca	all:	
Mame of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

<i>t</i> \	Or	•			
Velning 15 - Name of the Lim	ited Liability Compan (A Florida Limited Li	Ambility Company)	r records.)		
•		7/1	\mathcal{C}		
The Articles of Organization for this Limited	Liability Company v	vere filed on	4	_ and assign	ed
Florida document number 150000	91424		•	- 0	
This amendment is submitted to amend the following	llowing:				
A. If amending name, enter the new name	of the limited liabil	ity company here:			
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designation	on "LLC" or the abbre	viation "L.L.C	
Enter new principal offices address, if appli	icable:			≅	SEC
(Principal office address MUST BE A STRE	ET ADDRESS)			- 2	<u>.</u> ₽₽
				70 22	ASA
					<u>3</u> 3,7€
				PH	프유미
Enter new mailing address, if applicable:				မှ	<u> </u>
(Mailing address MAY BE A POST OFFICE	<u> </u>			<u> </u>	<u> </u>
					₽
					
B. If amending the registered agent and	d/or registered off	ice address on our i	records, enter the	e name of	the new
registered agent and/or the new registered			etter in	t name of	the new
			_		
	1 Mmile	MILL)		
Name of New Registered Agent:	THINK.				
New Registered Office Address:	1136	3 SW 1/2 Enter Florida stree	5th UL		
	Philama		, Florida	3Q2	5
	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	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.

Changing Registered Agent, Signature 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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
	110/A/200m	13302 Winding	Add
	0	With Court	Remove
			☐ Change
		 	
		.	☐ Remove
		□ Change	
			□ Remove
			Change
			□ Remove
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		☐ Remove	
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			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
The fellowing of the fe	
From Lecht 30m do JAmile Bru	luh
I'm the owner	
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	APR 27
	- 3 FF FF
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	18
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E. Effective date, if other than the date of filing:	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on (b) The 90th day after the record is filed.	the earlier of:
Dated	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00