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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Vera mar 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:
Hernando Vera Name of Person
Firm/Company
18310 NW 19 Street
18310 NW 19 Street Address Pembrohe Pines, 71 33029 City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Hernando Vera at (454) 4704554 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) 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

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VERAMAR LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabili		verc filed on <u>06/</u>	04/2018	and assigned
Florida document number <u>L 18<i>0</i>00 13843</u>	<u>8 </u>			
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the		ity company here:		
FRUVER LL	-C			
The new name must be distinguishable and contain the words			,	
Enter new principal offices address, if applicable	1:	8925 Taft	Street	33024
(Principal office address MUST BE A STREET A	DDRESS)	lembroke 1	Pines, FL	<u>33024</u>
		0106 7 (1	11	
Enter new mailing address, if applicable:	Pombrole Pines, 71 33024			
(Mailing address MAY BE A POST OFFICE BOX	<u>k)</u>	Pembrone	Pines, th	33024
				
B. If amending the registered agent and/or r registered agent and/or the new registered office			records, <u>enter</u>	the name of the nev
Name of New Registered Agent:	Herna	ndo Vera NW 195		
Name of New Registered Agent.	19210	1111	i .a. L	
New Registered Office Address:	18010	NW 19 0	14661	
	o .	Enter Florida sire	er aaaress	22024
	<u>Yembrone</u>	Enter Florida stre	, Florida	22029
		Сцу		zip Code
New Registered Agent's Signature, if changing Regis	itered Agent:			
I hereby accept the appointment as registered ag	rent and agree	to act in this capac	ity. I further as	ree to comply with the

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

And au

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FILE 2 22 Type of Action

Add or removed from our records: MGR = Manager AMBR = Authorized Member **Address Title** <u>Name</u> ☐ Remove _□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	June 7 2018
	Signature of a member or authorized representative of a member
	agracule of a member of authorized representative of a member
	Hernando Vera

Page 3 of 3

Filing Fee: \$25.00