

L18000170147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

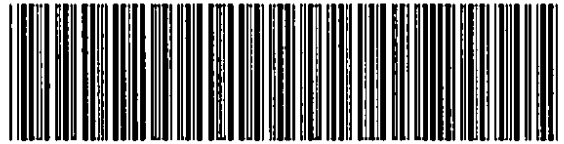
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG -6 AM 11:04

N COOPER

AUG 10 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VT LENDERS 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:

BARBARA KENNEDY  
Name of Person

6371 PELICAN BAY BLVD  
Firm/Company  
Address

NAPLES, FL 34108  
City/State and Zip Code

montshire@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA KENNEDY at 214 683-8831  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

VT LENDERS INC

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGE THIS ENTITY FROM MEMBER MANAGED  
TO MANAGER MANAGED

MEMBER IS ~~SUNWEST~~ SUNWEST TRUST INC  
CUSTODIAN FBO I ROBERT LEVINE ROTH IR

MANAGER REMAINS I ROBERT LEVINE

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 8-2-18



Signature of a member or authorized representative of a member

I ROBERT LEVINE

Typed or printed name of signee