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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	n e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer	
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Office Use Only



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ONVISION OF CORPORATIONS

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COVER LETTER

Division of Corpor	ations				
SUBJECT:	VT LE			LLC	
	Nai	me of Limited	Liability Company		
The enclosed Articles of Am	endment and fee(s	s) are submit	ted for filing.		
Please return all corresponde	nce concerning th	is matter to t	he following:		
	BA	HRBA	RA K.	ENNED	<u>y</u>
			Name of Person	/	
			Firm/Company		
	63	71 8	ELI CA Address	N BAJ	BLV0
			Address	,	
	NA	DL ES	Eity/State and Zip Co	ode Mail, (mual report notification	08
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-	E-mail	ا ا کے ا یا address: (to b	e used for future and	nual report notification	on)
For further information conce			J	·	
normanon conc		•	_	/ / 0	_
BARBARA Name of Pe	KENNE1	9Y	at (683- Daytime Tek	ephone Number
Enclosed is a check for the fo	ollowing amount:				
\$25,00 Filing Fee	_	ee &	□ \$55,00 Filing F	ee &	□ \$60.00 Filing Fee.
7	Certificate of !		Certified Copy (additional copy i	y.	Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

The Articles of Organization for this Limited Liability Co	mpany were filed on .		and assig	ned
This amendment is submitted to amend the following:	,			
A. If amending name, enter the new name of the limit	ed liability company	here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," th	c designation "LLC" or the abb	reviation "L.L.)	C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·			
(Principal office address MUST BE A STREET ADDRE	ESS)		<u> </u>	SEX BS
	 			오유
			9-	
Enter new mailing address, if applicable:			<u>></u>	3000
(Mailing address MAY BE A POST OFFICE BOX)			=	ST OR/
-			: 0:	Air Air
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		on our records, <u>enter (</u>	the name of	the nev
New Registered Office Address:	Enter F	Florida street address		
		, Florida		
	City	, 1 1// [4//	Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent at provisions of all statutes relative to the proper and cor				

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 = M $AMBR = A$	GR = Manager MBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			□ Add		
			□ Remove		
			Change		
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					18 AUG -6	SECHETARY DIVISION OF C
			···.		AH II: O4	CELU OF STATE ORPORATIONS
Note: If the date	listed, the date must inserted in this blo	be specific and cannot b	e prior to date of filing or r applicable statutory filin ecords.		ng.) Pursuant to 605,	
the record spec) The 90th day			ut not an effective	time, at 12:01 a.m	n. on the earlie	r of:
Dated	2-2-18	·	·			
<u></u>	<u>'</u>	Adec Signature of a member of	or authorized representative	c of a member		
			RT LE.VII			

Page 3 of 3

Filing Fee: \$25.00