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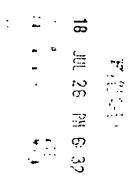
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## **COVER LETTER**

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Div	ision of Cor	porations		
SUBJECT:		FORD L.L.C.		
			ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	endence concerning this matter	to the following:	
		Valorie D Sanford		
			Name of Person	<del> </del>
			Firm/Company	
		1841 NW 104 Avenue		
			Address	
		Pembroke Pines, FL 330	026	
		vnrsanford@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	lication)
For further in	iformation co	oncerning this matter, please ea	all:	
Valorie	Sanford		954 431-7439 at ()	
	Name o	f Person	Area Code Daytime	e Tetephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
		ING ADDRESS: ation Section	STREET/COURT Registration Section	

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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VNR SANFORD L.L.C.		10 Tan (and 11)
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as if now appears on our recor ted Liability Company)	<u>ds.</u> ) 20
The Articles of Organization for this Limited Liability Compa Florida document number	any were filed on July 23, 2018	and assigned - တ ယ
This amendment is submitted to amend the following:		. •
A. If amending name, enter the new name of the limited l	iability company here:	
VNR SERVICES L.L.C.		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	A\13	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address by		ds, enter the name of the ne
Name of New Registered Agent:	n/A	
New Registered Office Address:	NA Enter Florida street addr	tan -
	_ F	lorida
<del></del>	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.

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: N/N

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
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n effective dat te: If the da cument's effection	te is listed, the date must be spec tte inserted in this block doc ective date on the Departme	ctive date, but not an effective time, at 12:	es after filing.) Pursuant to 605.0 ts, this date will not be listed
.cd	July 24	2018	
	- Cari	Le Southed	∵
	Signatu	ire of a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·
Vale	orie Sanford		. 26
		Typed or printed name of signee	
		ryped or printed name of signee	
		Typed of printed name of signee	<u>۔</u> م

Filing Fee: \$25.00