## 118000 189266

Office Use Only



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## **COVER LETTER**

Division of Co			
SUBJECT:	WOODHALL V	ENTORES LLC	
	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	M	Name of Person	<u>ي</u>
		Name of Person	
		WOODHAL VOTU	res ILC.
		Firm/Company	
	6900	) Turkey whice	Rs 1-3
		Address	<del> </del>
		OPANDO FL 32	801
		City/State and Zip Code	
	E-mail address:	ay coken a Q Kw.	COM
For further information of	concerning this matter, please c		
	Coronal	at (352) 400 Area Code Daytime 1	1511
- Traine		Area Code Dayume 1	ereptione Number
Enclosed is a check for t	ka fallandara		
	-		
<b>2</b> \$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)
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

\_ \_	DOCUMENT VENTO		
(Name of the Limited Lin (A Fic	bility Company as it now appeared Limited Liability Company)	ars on our records.)	<del></del>
The Articles of Organization for this Limited Liabilit		1 1	and assigned
Florida document number 8000 1 8	9266		
This amendment is submitted to amend the following	<b>;</b> :		
A. If amending name, enter the new name of the l	limited liability company h	nere:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·		
(Principal office address MUST BE A STREET AD	DRESS)	<del>_</del>	F
			E 2
Enter new mailing address, if applicable:	<del></del>		
( <u>Mailing address MAY BE A POST OFFICE BOX)</u>			<u> </u>
	<del>-</del>		
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:	ddress here:	n our records, <u>enter</u>	the name of the new
New Registered Office Address:	<del></del>		
	Enter Fla	orida street address	
_ <del></del>	City	, Florida	7: 6 1
New Registered Agent's Signature, if changing Registe	•		Zip Code
hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registerompany has been notified in writing of this chang	nt and agree to act in this d complete performance of l agent as provided for in t ered office address, I here	f my duties, and I am Chapter 605, F.S. Or	familiar with and to if this document is
	If Changing Registered A	gent, Signature of New R	egistered Agent
	Page 1 of 3		

MGR = Manager
AMBR = Authorized Member

Title Name

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMOR	MENNETH POZEK	1569 RESOWTE CELEBRATION FL 3474	Add
		CELEBRATION FL 3474	7 ☐ Remove
			Change
	<del></del>		
			Remove
			Change
<del></del>			🖸 Add
			Remove
			Change
			D Add
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			Change
			Add
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<del></del>			Add
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			Change

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. Effective	e date, if other than the date of filing:  (optional)  tive 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)
Note: It	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
the reco ) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	2/1 2019
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	•• • • • • • • • • • • • • • • • • • • •

Page 3 of 3

Filing Fee: \$25.00