## L18000 221125

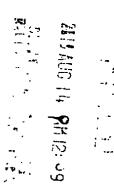
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## **COVER LETTER**

Div	ision of Corp	porations		
SUBJECT:	Vandergraf			
SOBILCT.			ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Abner Rosales		
			Name of Person	· <del>- · - · -</del>
		Vandergraf LLC		
			Firm/Company	_ <del></del>
		12189 glenmore dr		
			Address	
		coral springs, FL, 33071		
		abnerr2002@hotmail.com	City/State and Zip Code	
		•	to be used for future annual report notifi	ication)
For further in	iformation co	oncerning this matter, please ca	all:	
abner rosales			954 248 0384	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	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)

MAILING ADDRESS:

TO:

Registration Section

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 ARTICLES OF ORGANIZATION **OF**

Vandergraf						
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears on our i Liability Company)	records.)			
The Articles of Organization for this Limited I Florida document number L18000221125	Liability Company	were filed on 09/17/2018		a	nd assig	ned
This amendment is submitted to amend the fol	llowing:					
A. If amending name, enter the new name	of the limited liab	oility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or th	e abbreviat	tion "L.L.	C."
Enter new principal offices address, if appli	icable:	12189 glenmore dr				
(Principal office address MUST BE A STRE	ipal office address MUST BE A STREET ADDRESS)  coral springs, FL, 33071					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	12189 glenmore dr coral springs, FL, 33071		x#	D2	<u></u>	
B. If amending the registered agent and			cords, <u>ent</u>	er the · r	्र इन् name2of	the ne
registered agent and/or the new registered of	office address her	<u>e</u> :			12:09	Barren 1
Name of New Registered Agent:						
New Registered Office Address:	12189 glenmor	e dr Enter Florida street d	uddress			
	coral spring		_, Florida	33071		
			rmrma			

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
			Remove
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			□ Remove
		<del></del>	Change
		·	□ Add
		<del></del>	Remove
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	t be specific and cannot be prior took does not meet the applica			
ne record specifies a delayed The 90th day after the reco		an effective time, at	12:01 a.m. on the earlie	er of:
Dated AUGUST	. 2019			
	Signature of a member or author	ized programming of a many	her	
	aution	and representative or a mem	*****	
Abner Rosales		,		

Page 3 of 3

Filing Fee: \$25.00