

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | idress)            |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | ne)         |
|                         |                    |             |
| (Do                     | cument Number)     |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         | ·                  | _           |





900420921499

12/28/23--01025--018 \*\*25.00

2023 DEC 28 AM II: 33

## **COVER LETTER**

**Division of Corporations** VAN DER VLUGT REALTY, LLC SUBJECT: \_\_\_ 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: DANIELLE VAN DER VLUGT Name of Person VAN DER VLUGT, LLC Firm/Company 2941 N BROWN POINT Address HERNANDO, FL 34442 City/State and Zip Code DUTCHREALTOR@OUTLOOK.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DANIELLE VAN DER VLUGT Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address:

TO:

Registration Section

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

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa<br>(A Florida Limited   | any as it now appears on our rec<br>Liability Company) | cords.)              |                    |
|--|--|----------------------|--------------------|
| The Articles of Organization for this Limited Liability Company  | were filed on 12/24/2018                               |                      | and assigned       |
| Florida document number L19000000113   |  |                      |                    |
| This amendment is submitted to amend the following:  |  |                      |                    |
| A. If amending name, enter the new name of the limited liab  | oility company here:                                   |                      |                    |
| VAN DER VLUGT, LLC   |  |                      | <u>-</u>           |
| The new name must be distinguishable and contain the words "Limited Liab   | ility Company," the designation "                      | LLC" or the abb      | reviation "L.L.C." |
| Enter new principal offices address, if applicable:  |  |                      | <del>~</del>       |
| (Principal office address MUST BE A STREET ADDRESS)  |  | -1                   | 2023               |
|  |  | <u> y.</u>           | 巴巴                 |
|  | <u> </u>   |                      | 28                 |
| and the state of t |  | SSV                  | £-17"i             |
| Enter new mailing address, if applicable:  |  | 1111                 | <b>B D</b>         |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | <u> </u>             | <u></u><br>သ       |
|  |  |                      | <u>ယ</u>           |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  | address on our records, <u>er</u>                      | iter the <u>name</u> | of the new reg     |
| Name of New Registered Agent:  |  |                      | <del></del>        |
| New Registered Office Address:   | Enter Florida street ac                                | ddress               |                    |
|  |  |                      |                    |
|  | City   | _, Florida           | Ziv 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 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> | Address | Type of Action |
|--------------|-------------|---------|----------------|
| -            |             |         | □Add           |
|              |             |         | □Remove        |
| -            |             |         | □Change        |
| ·            |             |         |                |
|              |             |         |                |
|              |             |         | □Change        |
|              |             |         | □Add           |
|              |             |         | □Remove        |
|              |             |         |                |
|              |             |         |                |
|              |             |         | □Remove        |
|              |             |         |                |
|              |             |         | □Add           |
|              |             |         | □Remove        |
|              |             |         | ☐ Change       |
|              |             |         |                |
|              |             |         | □Remove        |
|              |             |         | □Change        |

| _                 |  |
|-------------------|--|
| _                 |  |
| _                 |  |
| _                 |  |
| _                 |  |
| _                 |  |
| _                 |  |
| _                 |  |
|                   |  |
| _                 |  |
| _                 |  |
| _                 |  |
| _                 |  |
| _                 |  |
| _                 |  |
| _                 |  |
| f an eff<br>Note: | ve date, if other than the date of filing:  certive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records. |
| recor<br>d is fil | d 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 led.  |
| Dated             | 12-26-2023<br>DOULE COL  |
|                   | Signature of a member or authorized representative of a member  Ornielle Van der Vugt  Typed or printed name of signee   |
|                   | ( )  |