L19000046959

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COVER LETTER

Div	dsion of Cor	porations		
CUB IFOT.				
SUBJECT:			ited Liability Company	·
The enclose	Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: Jo Anne White Name of Person Jomyles Consulting Firm/Company 16400 West Dixie Highway Address North Miami Beach, Fl 33160 City/State and Zip Code ornsbykaneandvesper@gmail.com E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: Anne White 305 490-2047			
Please return	n all correspo	ndence concerning this matter	to the following:	
		Jo Anne White		
		-	Name of Person	
		Firm/Company		
			Firm/Company	
	Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: Jo Anne White Name of Person Jomyles Consulting Firm/Company 16400 West Dixie Highway Address North Miami Beach, Fl 33160 City/State and Zip Code ornsbykaneandvesper@gmail.com E-mail address: (to be used for future annual report notification) ner information concerning this matter, please call: White 305 Area Code Name of Person Area Code Daytime Telephone Number d is a check for the following amount: 0.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certificate Of Status & Certified Copy (additional copy is enclosed)			
			Address	
		North Miami Beach, Fl 33	160	
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				ification)
For further i	nformation c	oncerning this matter, please c	all:	
Jo Anne Wi	nite			
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee		Certified Copy	Certificate of Status &
Re Di P.0	niling Addressing stration Servision of COO. Box 632	Section orporations 7	Street Address: Registration Set Division of Co The Centre of ' 2415 N. Monro Tallahassee, Fl	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>
ny as it now appears on our records.) Liability Company)
ollity company here:
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) ticles of Organization for this Limited Liability Company were filed on 2/18/19 and assigned document number 119000046959 and assigned document is submitted to amend the following: Immending name, enter the new name of the limited liability company here: (A Kane, and Vesper LLC aname must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." aname must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." aname must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." aname must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." aname must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." aname must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." aname must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." aname must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." aname must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbrevi
lity Company," the designation "LLC" or the abbreviation "L.L.C."
7901 4th Street, N
#5114
St.Petersburg, FL 33702
address on our records, enter the name of the new registere
Enter Florida street addrèxș
. Florida
City Zip Code
1

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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cument's effective date					after the
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record specifies a delayed is filed. May. 28	d effective date, but not a	2020	2:01 a.m. on the earlie	rof: (b) The 90th day	
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