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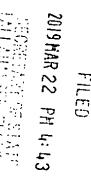
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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T.G. 04/02/19

COVER LETTER

TO: Registration S Division of Co			
Vanleigh,	LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	f Amendment and fee(s) are sub	-	
·	John Dunlop	Ç	
		Name of Person	
	2305 NE 137th Street	Firm/Company	2019 MAR
	North Miami Beach, FL 33	Address 3181	2019 MAR 22 PH 4: 4.3
	john62miami2gmail.com	City/State and Zip Code	. ·
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report noticall:	lication)
John Dunlop	of Person	786 319-3134 at ()	: Telephone Number
rume	111 03011	rucu code Buyuna	. receptione (value)
Enclosed is a check for t	he following amount:		
■ \$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/COURI	ER 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

Vanleigh, LLC	
(Name of the Limited Liability (A Florida I	(Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number L19000061108	ompany were filed on March 04, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
n⁄a	707
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	n/a n/a n/a n/a n/a n/a
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a 5
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	ered office address on our records, enter the name of the neverses here:
New Registered Office Address:	
ren regioteted Orneo radices.	Enter Florida street address
	Florida
	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:

MGR = Manager ·

AMDK - A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Courtney Moore	2305 NE 137th Street North Miami Beach, FL 33181	Add
			Remove
			Change
MGR	John Dunlop	2305 NE 137th St. North Miami Beach FL	.33181 M Add
			□ Remove
			Ghange Add
7-5-			22 CX
			Rempye
			□ Add
			Remove
			Change
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n effective date is listed ote: If the date insert	r than the date of fili the date must be specific a ed in this block does not te on the Department of	and cannot be prior to d t meet the applicable	late of filing or more than e statutory filing requi	(optional) 90 days after filing.) Prements, this date wi	ursuant to 605.0 Il not be listed
	a delayed effective er the record is filed		n effective time, a	at 12:01 a.m. on	the earlier
ned Narch	- 20	. 2019			
Court	ey Moore Signature of	a member or julhorize	d representative of a me	mber (
				N)	

Page 3 of 3

Filing Fee: \$25.00