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(Req	uestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Addı	ress)	·
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

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JAN A ZOZIA

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	VAN WE	HTT, LLC	
3088E1		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	•
	ondence concerning this matter	·	
	David J. Murphy		
		Name of Person	
	Mander Law Group		
		Firm/Company	
	14217 Third St.		
		Address	
	Dade City, FL 33523		
		City/State and Zip Code	
	dmurphy@manderlawgrou		
		to be used for future annual report no	ulication)
For further information c	oncerning this matter, please c	all:	
David J. Murphy		352 567-0411 at ()	
Name o	t Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section orporations	Street Address: Registration Se Division of Co	rporations
P.O. Box 632 Tallahassee, 1		The Centre of ' 2415 N. Monre	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	VAN WHILL, LLC	
(Name of the Limited I.	lability Company as it now appears on our r lorida Limited Liability Company)	ecords.)
(6.1	ionua Elimea Elisomy Company,	جي َ
The Articles of Organization for this Limited Liabil	ity Company were filed on April 19, 20	ecords.) 19 and assigned
Florida document number L.19000107608		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
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	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	<u> </u>	
B. If amending the registered agent and/or registered office address h	stered office address on our records, <u>sere</u> :	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		*** * *
-	City	, Florida 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 AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	National Safe Harbor Exchanges, Ir	2425 E. Camelback Rd., Suite 200	□Add
—·		Phoeniz, AZ 85016	⊟ Remove
			□Change
AMBR Phillip Michael, Inc.	Phillip Michael, Inc.	6151 Silver Oaks Dr.	
	Zephyrhills, FL 33542	□R e move	
			□Change
			Cladd
			[]Remove
			(☐Change
		DAdd	
		□ Change	
		LIAdd	
		□Кенюче	
		Change	
			Add
		□Remove	
			Change

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. Effective date, if other than to (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	October 14, 2019 (optional) ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) plock does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
the record specifies a delayed effect cord is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
December Dated	2019
Daled	
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
Thomas Vanater, Pre	ident - Phillip Michael, Inc.
	Typed or printed name of signee

Filing Fee: \$25.00