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(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Corp	orations		
SUBJECT: Va	zgier Engi	necrins Consulted Liability Company	ting LLC
	Amendment and fee(s) are subm	C	
Please return all correspon	dence concerning this matter t	to the following:	
		Name of Person (no incoming Cons.) Firm/Company	1
	1290 N Rids	a BVD Apt 2	5-/3
	Clernond FL franciscoaiva E-mail address: (1	City/State and Zip Code 22,622 \$9@ 317a o be used for future annual report notif	Com
For further information co	ncerning this matter, please ca	ılı:	
Francisco Viz	29UZ Z	at (<u>467</u>) <u>209 - E</u> Area Code Daytimo	376 0
Enclosed is a check for the	_		
\$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)

MAILING ADDRESS:

Registration Section

TO:

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 TO ARTICLES OF ORGANIZATION **OF**

Vargice En.	ompany as it now appears on our records.) inted Liability Company)
	pany were filed on April 23 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited</u>	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:	
(Principal office address MUST BE A STREET ADDRES	s) <u> </u>
	in the second se
Enter new mailing address, if applicable:	
5 ·	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the new</u> <u>s here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agentic Agent's Signature, if changing Registered Agent	gent:

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:

<u>Title</u>	Authorized Member <u>Name</u>	<u>Address</u>	Type of Action
MGR	Francisco Vazguez	1290 N Ridge 6/10	Add Add
	,	Apt 2513	🗆 Remove
		Clernont FL 34711	Change
ANK	Michelle Sapp-Curry	1290 N Ridge Blud	
		Apt 25/3	□ Remove
		Clarkmost FL 34711	™ Change
			Radiove 1
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Effective	date if other	than the date	of filing	May	, 20	2014				₹. Đ	
Note: If the	ve date is listed, t he date inserted	the date must be sport in this block do con the Departm	ecific and o es not me	cannot be pri	or to date o icable stat	filing or nw	re than 90.	(option: days after file ents, this da	nn) Duerna	nt to 605 be liste	5.0207 (ed as t
ne record The 90	d specifies a Oth day after	delayed effe- the record is	ctive da filed.	ite, but r	ot an ef	fective ti	me, at 1	.2:01 a.n	n. on the	earlie	er of:
Dated	May	28	<u> </u>	2019	<u>7</u> .	n					
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Page 3 of 3

Filing Fee: \$25.00