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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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2019 JUL 25 FII 2: 07

Amendico

JUL 3 1 2019

I ALBRITTON

COVER LETTER

	Registration Sec Division of Corp			
SHD IFC	VANKORN			
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspoi	ndence concerning this matter	to the following:	
		JOSEPH SUCHYTA, ESÇ).	
			Name of Person	
LAW OFFICE OF JOSEPH SUCHYTA				
			Firm/Company	
Address				
		LAKE WORTH, FL 3346	37	
			City/State and Zip Code	
		maxvanarnem@gmail.com		
			to be used for future annual report notif	ication)
For furthe	er information co	oncerning this matter, please ca	all:	
JOSEPH	SUCHYTA, ES	Q.	561 439-5830	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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 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 ARTICLES OF ORGANIZATION **OF**

TO)		
ARTICLES OF O	RGANIZATION		
OI	?		
VANKORN, LLC			
	v as it now appears on our records.	, 	
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)	Ġ	
The Articles of Organization for this Limited Liability Company v	vere filed on JUNE 24, 2019	and assigned	
lorida document number 1.19000165646			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered off		enter the name of the new	
registered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
New Neglatered Office Audress.	Enter Florida street address		
	, Flor	rida	
	City	Zip Code	
Sew Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as propeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and covided for in Chapter 605, F	l I am familiar with and S.S. Or, if this document is	
If Change	ing Degistered Agent Signature of	New Desistered Agent	

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	KARYN KORNFELD	265 NE 5TH AVE, DELRAY BEACH, FL 33483	= Add
			Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
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			Change
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			□ Remove
			☐ Change

				
				
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te: If the date inserted in	an the date of filing:	applicable statutory filin	(optional) ore than 90 days after tiling.) Pog requirements, this date wi	ursuant to 605.0207 Il not be listed as
record specifies a do The 90th day after th	elayed effective date, bu se record is filed.	it not an effective t	ime, at 12:01 a.m. on	the earlier of
July 8	2019			
/	Mins Uhr	Ohne	~_	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00