L19000184719

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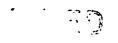
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COVER LETTER

TO: Registration Se Division of Cor			
VIN REED			
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mary Anne Ruisi		
		Name of Person	
	Robertson Construction Se	ervices, Inc	
		Firm/Company	
	5575 ATA S.		
		Address	
	St Augustine, FL 32080		
		City/State and Zip Code	
	maryanne@robertsonesi.co		<u>,</u>
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)
Mary Anne Ruisi		904 853-2612 at ()	
Name o	of Person	Area Code Daytir	ne Telephone Number
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)
Mailing Addres		Street Address:	ntion
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



VIN REED LLC

2020 F''' 13 PH 3: 17

(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records. ted Liability Company)	.)
The Articles of Organization for this Limited Liability Comparida document number L19000184719	any were filed on 7/17/2019	and assigned
· · · · · · · · · · · · · · · · · · ·		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability 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,	2	
•	700 W. Pope Rd H#62	
	ce address on our records, <u>enter t</u>	he name of the new registere
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Benjamin Shawn Reed	700 W. Pope Rd #H62, St Augustine, FL 32080	= Add
			□Remove
			🗆 Change
AMBR	George Surrency	700 W. Pope Rd #H62, St Augustine, F1, 32080	B Add
			□Remove
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			DAdd
			□Remove
			□Change

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		5/8/2020			
		of filing: citic and cannot be prior to da es not meet the applicable		(optional) ys after filing.) Pursuant to 605.02 nts. this date will not be listed	
f an effective date is lis <u>Note:</u> If the date ins	e date on the Departme	in or other precords.			
Can effective date is lis <u>Note:</u> If the date ins document's effective			at 12:01 a.m. on the earlie	r of: (b) The 90th day after th	ne
fan effective date is lis Note: If the date ins document's effective record specifies a d			at 12:01 a.m. on the earlie	r of: (b) - The 90th day after th	ne
Can effective date is lis Note: If the date ins Note: If the date ins Note: If the date ins Note: If the date is secured specifies and doisy filed.	delayed effective date. It	but not an effective time.	at 12:01 a.m. on the earlie		ne

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