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Special Instructions to I	Filing Officer:	
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R. WHITE
JAN 1 4 2020

COVER LETTER

Registration Section
Division of Corporations

O:

UDIECT: \ \	lvec, LLC		
UMJECT:OOO	Name of Lim	ited Liability Company	
he enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
lease return all corresp	ondence concerning this matter	to the following:	
	Ку	le Waltz Name of Person	
		Vec LLC	
		t time Company	
	12449 NC	sting Engles way	/
	1/.11.1461	FL, JZZZS City/State and Zip Code tz@ymail. Com	
	E-mail address: (to be used for future annual report noti	fication)
or further information	concerning this matter, please co	all:	
Kyl-c Name	Walt-e	at (<u>904</u>) <u>307 - 9</u> Area Code Daytim	74 11 te Telephone Number
nclosed 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Set Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Walvec	, LLC	2/1911 112 FII 12: 1/6
(Name of the Limite)	d Liability Compa A Florida Limited I	ny as it now appears on our records.) Jability Company)
his amendment is submitted to amend the following	0767 wing:	were filed on $\frac{7/24}{19}$ and assigned
If amending name, enter the new name of	the limited liab	lity company here:
he new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the designation "L.L.C" or the abbreviation "L.L.C."
nter new principal offices address, if applica	ble:	Jacksonville FL 32225
Principal office address MUST BE A STREET	ADDRESS)	Jacksonville, FL 32225
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE B</u> . If amending the registered agent and/or regent and/or the new registered office address	gistered office a	P.O. Box 50046 Jacksonville Beach, FL 32240 address on our records, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	12449	Nesting Engles Way Enterflorida street address
	Jackson	City Florida 32225 Zip Code
ew Registered Agent's Signature, if changing Ro	egistered Agent:	
rovisions of all statutes relative to the prope ccept the obligations of my position as regist	r and complete tered agent as p egistered office	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability
	If Chan	ging Registered Agent, Signature of New Registered Agent

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

IGR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u> 116R</u>	Kyle Waltz	17449 Nesting Eagles	<u>~</u> □Add
		Jackson-ille, FL 32225	□Remove
			Change
1612	Heather Vechter	12449 Nesting Engles w	^{u(} ∑ □Add
		Jackson-ille, FL 32225	□Remove
			(D) Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
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<u>.</u>			□Add
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			□Change

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an effectiv <u>lote:</u> If the	date, if other than the date of filing:
record sp l is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	12/10 . 2019.
	Signature of a member or authorized representative of a member