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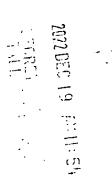
(Requestor's Name)
(Address)
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(0) (0) 57 (0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration Section

Div	ision of Corp	porations	*	φ^{\prime}	
SUBJECT:	The Van Cla	an LLC	. #	\$	
SUBJECTS		Name of Lim	ited Liability Company		-
The enclosed	I Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Michael Dempsey			
			Name of Person		_
		ZenBusiness Inc.			
			Firm/Company		
		336 E College Ave, Ste 30	ı		2022-0250-19
			Address		
		Tallahassee, FL 32301			
			City/State and Zip Code) [23] H: 54
		fulfillment@zenbusiness.co			
		E-mail address: ()	to be used for future annual repor	t notification)	🛨
For further in	nformation co	oncerning this matter, please ca	all:		
Michael Der		nBusiness Inc.	844 493-624 at ()		
	Name of	Person	Area Code Da	iytime Telephone Numb	per
Enclosed is a	check for the	e following amount:			
≡ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status & ed Copy nat copy is enclosed)
Reg Div P.C	iling Address gistration S vision of Co D. Box 6327 lahassee, F	ection orporations 7	The Centre		810
			Tallahassee	, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

our records.)
2019 and assigned
ation "LLC" or the abbreviation "L.L.C."
72 da
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; =
ds, enter the name of the new regist
treet address
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>	<u>Name</u>	Address	Type of Action
AMBR	Garick Vanbrocklin	302 Prudence En	□ Add
		Panama City, FL 32408	■Remove
			Change
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ffective date, if other than the o	date of filing:	(ор	tional)
an effective date is listed, the date must Note: If the date inserted in this blo	be specific and cannot be prior to date	of filing or more than 90 days aft	er filing.) Pursuant to 605.0207
locument's effective date on the De			
record specifies a delayed effective d is filed.	date, but not an effective time, at	12:01 a.m. on the earlier of: ((b) The 90th day after the
December 15	. 2022		
/s/ Zoe Vanbro	Signature of a member or authorized r		