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R. WH!TE FEB 11 2020

COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT:	Name of Lim	ited Liability Company	**
	Certificate of Status Certified Copy (additional copy is enclosed) Street Address: Registration Section vision of Corporations Division of Corporations		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jason Ware		
		Name of Person	
	Vinatta Investment Group	LLC	
		Firm/Company	
	122 Centennial Dr.		
		Address	
	Sanford, FL 32773		
		City/State and Zip Code	
	-		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Jason Ware			
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			ection
			
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vinatta Investment Group LLC

2020 Juli 15 Pii 2: 09

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Elimited Elimentry (Francisco)	
ompany were filed on 12/13/2019	and assigned
ted liability company here:	
ited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
ESS)	
, -	
l office address on our records, <u>ente</u>	er the name of the new registe
Enter Florida street addr	ess
, I	FloridaZip Code
City·	Zip Code
1	ted liability company here: ted Liability Company," the designation "Lt. ESS) I office address on our records, ente

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 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	Brooke P. Bewley	3668 Watercrest Dr.	= Add
		Longwood,FL 32779	□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
		<u></u>	□Remove
			Change
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ective date, if other than the d	ite of filing:		_ (optional)	
effective date is listed, the date must be te: If the date inserted in this blockument's effective date on the Department.	e specific and cannot be prior to da c does not meet the applicable	te of filing or more than 90 statutory filing requirem	days after filing.) Pursuant to ents, this date will not be	605,020' listed as
cord specifies a delayed effective ϵ s filed.	late, but not an effective time,	it 12:01 a.m. on the earl	ier of: (b) The 90th day a	ifter the
ed	2020			

Typed or printed name of signee