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COVER LETTER

Mailing Address:

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314

•		COVER LETTER		
TO: Registration S Division of Co				20(28,5 841.0)
Vinvana. SUBJECT:				
308/ECT:		mited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are su	ibmitted for filing.		~/
	ondence concerning this matte	-		
	Jessica Kendriek			
		Name of Person		
	Kendrick Law Group			
		Firm/Company		
	630 N. WYMORE RD., S	Suite 370		
		Address		
	Maitland, FL 32751			
	jessica@kendricklawgroup	City/State and Zip Code		
	E-mail address:	(to be used for future annual report notifi	ication)	
For further information c	oncerning this matter, please c	all:		
Jessica Kendrick		407 641-5847 at ()		
Name of	f Person		Telephone Number	
Enclosed is a check for th	e 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 State Certified Copy (additional copy is enc	

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20 FEB - 6 PH 1-01

Vinvana, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, 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: Enter Florida street address City

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
MGR	Jessica Kendrick	630 N. WYMORE RD.	
			□Add
		MAITLAND, FL 32751	≡ Remove
			70
MGR	Toni Hallgren	630 N. WYMORE RD.	□ Change
			■ Add
		MAITLAND, FL 32751	□Remove
			□ Change
~			□Add
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fective date, if other than the	date of filing:		(optic	onal)
m effective date, if other than the m effective date is listed, the date must ote: If the date inserted in this bloomy was the effective date.	t be specific and cannot be: Ock does not meet the ar	prior to date of filing or onlicable statutory fil	more than 90 days after	filing.) Pursuant to 605,0207
ocument's effective date on the De	partment of State's reco	ords.	mig requirements, this	date will not be fisted as
ecord specifies a delayed effective is filed.	date, but not an effecti	ve time, at 12:01 a.n	n, on the earlier of: (b)	The 90th day after the

February 3		,		
ited		uss Kudn	uK	
ited	Signature of a member of a	uss Luda	ve of a member	