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COVER LETTER

	egistration sec vision of Corp				
SUBJECT	Vernell, LLC		`		
NUBJECT	·	Name of Lim	ited Liability Company		
The enclose	ed Articles of /	Amendment and fee(s) are sub	mitted for filing.		
Please retur	rn all correspor	idence concerning this matter	to the following:		
		Krishna L.Domenech			
			Name of Person	<u> </u>	
		Aust Law Firm			
Firm/Company			<u> </u>		
		1220 E. Livingston Street			
			Address	 	
		Orlando, FL 32803			
			City/State and Zip Code		
		E-mail address: (to be used for future annual rep	ort notification)	- 7
For further	information co	oncerning this matter, please c	all:		ر
Krishna L.	Domenech		407 447-5	5399	-
Name of Person		at () Area Code	Daytime Telephone Number	,	
					,
Enclosed is	a check for the	e following amount:			
€ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclosed.	S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo	
R	ailing Address	Section		on Section	
	ivision of Co .O. Box 632	-		of Corporations re of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vernell, LLC		
(<u>Name of the Limited </u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabsel Florida document number 120000041179		and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:	114.	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address b	istered office address on our records, <u>enter the na</u> <u>nere</u> :	ime of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	15mer 1 rorau Sireci uuuress	
	, Florida,	Zip Code
	Cny	zip Coue

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

grand and the second

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Lynn Mims	1818 Mulberrywood Court	□Add
		Orlando, FL 32818	■Remove
		1818 Mulberrywood Court	□ Change
AMBR	Lyndell Mims	Orlando, FL 32818	■Add
			□Change
			□Add
			□Remove
			□Change
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Note:	ive date, if other than the date of filing:	
e recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after led.	the
Dated	March 75 2020	
	Signature of a member or authorized representative of a member	
	. /	