L20000148186

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(Requestor's Name)
(Address)
,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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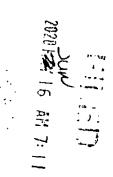
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JUL 2 5 2020 **S. YOU**NG



COVER LETTER

TO: Registration Division of C			
SUBJECT:	VIANKA HEA	IRY LLC ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	VIA	NKA HEARY Name of Person	
		NIV	
		Firm/Company	
	427	79 SKIPJACK CO	ove
	NICEVI	LLE, FL 32578 City/State and Zip Code	
	Vianko E-mail address: (1	a heary @kw.com	cation)
For further information	n concerning this matter, please ca	all:	
VIANKA Name	HEARY of Person	at (716) 868 Area Code Daytime	- 5888 Telephone Number
Enclosed is a check for	the following amount:		
\$\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration		Street Address: Registration Sect	ion _.

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

7

VIANKA	HEARY	110		- :	M C	, 15 ° 1 ' .
(Name of the Limited Liability) (A Florida Li	Company as it no	w appears on o	ur records.)		<u> </u>	صابعين ال
(A Florida Li	imited Liability Co	ompany)		·	5	· 1
The Articles of Organization for this Limited Liability Con	npany were file	d on JUNE	01,2020) .	and ass	signed-
Florida document number <u>L 2 0000148186</u>	•			•	23	
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limite	d liability com	pany here:				
The new name must be distinguishable and contain the words "Limited	d Liability Compar	ny," the designat	ion "LLC" or t	he abbrev	iation "L.	L.C."
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>					
				,		
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)					_	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address o	n our record	s, <u>enter the</u>	name of	the nev	v registe
agent and/or the new registered office address here.						
Name of New Registered Agent:						
		-				
New Registered Office Address:	j.	inter Florida stre	et address			
	•					
	City		, Florida		Lip 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
MGR	VIANKA B HEARY	4279 SKIPJACK COVE	🗆 Add
		NICEVILLE, FL 32578	Remove
			Change
AR_	RYAN J HEARY	4279 SKIPSACK COVE	□Add
		NICEVILLE, FL 32578	Remove
			□Change
			□Add
			□ Remove
			□Change
		 -	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

-7	Change Remove	RYAN	J HEAD	RY	95	A 22		
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Note: If the da	e is listed, the date	must be specific a s block does no	nd cannot be pri t meet the appl	licable stat	filing or mutory filin	(option nore than 90 days after ag requirements, this	tiling.) Pursuant to 6	605,0207 (3)(isted as the
the record specificated is filed.	es a delayed effe	ctive date, but n	ot an effective	time, at 12	2:01 a.m.	on the earlier of: (b) The 90th day at	fter the
Dated	June 1		<u> 202</u>	<u>0</u> .				
	-	Signature of	a member or aut	thorized rep	presentative	of a member		
		V	IANKA Typed or pri	B	HEA	RY		