LZC CCC 162572

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	,

Office Use Only



300352855573

RECEIVED OCT 0 5 2020

10/06/20--01004--022 **25.00

2220 OCT -5 PK 3: 18

US 120

COVER LETTER

	Registration Se Division of Cor					
	Vanguard I	Partners LLC				
SUBJEC	T:	_				
		Name of Lim	ited Liability Company	_		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		Bryce C. Lawrence				
			Name of Person			
		Vanguard Partners LLC			2023	
			Firm/Company	<u> </u>	2923 OCT	
		17428 Duquesne Rd.			S.	
			Address		70	
		Ft. Myers, FL 33967			PH 3: 18	
		bryce@discovervanguard.c	City/State and Zip Code	 5		
		E-mail address: (to be used for future annual report noti	tication)		
For furth	er information co	oncerning this matter, please co	all:			
Bryce C	Lawrence		239 319-8788			
	Name of	f Person	at () Area Code Daytim	e Telephone Number		
Enclosed	is a check for th	ne following amount:				
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filin Certificate of Certified Co (additional cop	of Status &	
	<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	ction		
Division of Corporations			Division of Cor	Division of Corporations		
P.O. Box 6327			The Centre of T			
Tallahassee, FL 32314			Tallahassee, FL	e Street, Suite 810 . 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vanaliard	Partners LLC		
(Name of the Limited Liability C (A Florida Lia	Company as it now appears on our mited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L20000162572</u> .	npany were filed on 06/12/	2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:	1013	. •
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	n "LLC" or the abbrevi	ation "I_L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
			<u>.</u> 5
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records,	enter the name of	the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street	t address	
	, Florida		
	City	7.	ip 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>	<u>Address</u>	Type of Action
AMBR	Brooke A Lawrence	17428 Duquesne Rd., Ft. Myers, FL 33967	
		_	□Add
			Remove
			□Change
			□Add
			≅ □Remove
		· · · · · · · · · · · · · · · · · · ·	Remove 3007 Change
		· 	ON .
			PR □Add 3: □ □ □ □ Remove
		<u>5</u> ·	Remove
			□Change
		_	□Adđ
			□Remove
			□Change
		_	□Add
			□Remove
			□Change
			□ Add
		********	□Remove
			□ Change

Typed or printed name of signee