L20000290884

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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
VANOR LI			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	RICARDO SCATTOLINI		
		Name of Person	
		Funt/Company	
	175 SW 7 ST SUITE 1508		
		Address	
	MEAMUEL 33130		
		City/State and Zip Code	
	LORELVY@477MANAGI	IMENT.COM to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c		
RICARDO SCATTOLINI		305 629-8191	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Sec	ction
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VANOR LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) orda Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number 1.20000290884		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 "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET AD	DRESS)	020 o
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ETLED CI 20 PM 4: 52
B. If amending the registered agent and/or registered agent and/or the new registered office address her		ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Pluza.	
	, Florida	Zıp 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	ERIK VALARINO	175 SW 7 ST SUITE 2110 MIAMI FL 33130	□Add
			TRemove
			□Remove
			□Change
			= Add
			TRemove
		□Change	
		 	
			CRemove
			Change
			□Change
			🖸 Add
			T.Remove
			□ Change

Effective date, if other than the date of filing:	
For the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ocument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at 13 tiled.	
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Signature of a member of authorized approximation of a member	
Eigh la liaviva D Typed or printed name of signee	

Filing Fee: \$25.00