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## **COVER LETTER**

TO:	• •	stration Se sion of Cor			
SUBJE	ECT: _	Vaeh	Bella Boutign Name of Lin	mited Liability Company	
The end	closed .	Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please	return a	all correspo	ondence concerning this matte	r to the following:	
			Jacquel	ine Tuncap	
			Vaehbe	Name of Person  IN MONTANE  Firm/Company	
			4010 Harv	_	
				Address	
			Rockledge	72 32955 City/State and Zip Code	
			Lacquetur Email address:	City/State and Zip Code  Cap and Con  (to be used for future annual report n	otification)
For fur	ther inf	formation o	oncerning this matter, please	call:	
J	acq	welin	e Tuncap	at ( <u>321</u> ) <u>504</u> Area Code Days	-1991
	·	Name o	if Person	Area Code Dayt	ime Telephone Number
			he following amount:		
<b>ॼ॔\$</b> 2	5.00 Fi	ling Fee	☐ \$30.00 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

 $\cong$ 

VaehBella	Dontage 110		21 Fi
	ed Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
	`		့် ငံ
The Articles of Organization for this Limited Li	ability Company were filed on	CH 1 2020	and assigned
Florida document number <u>L 2000 30</u>	9500		and assigned of the control of the c
This amendment is submitted to amend the follow	owing:		
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
NIA			
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	<del></del>	
(Principal office address MUST BE A STREE	T ADDRESS)		
		<del> </del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		<u></u>
	<del></del>		
B. If amending the registered agent and/or r	egistered office address on our re	cords, enter the ni	ame of the new registered
agent and/or the new registered office address		<u> </u>	and of the section of the section of
	Dhillia laha 7	TIMOND	
Name of New Registered Agent:	THIND CONTI	arcap	
New Registered Office Address:	4010 Harvest	do street address	ed
	Phillip John 7 4010 Harvest Emer Flori Rockledge	Florida	\$32955
	Ciry	, 1101104	Zip 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
owner	Phillip Tuncap	4010 Harvest Circle	□ Add
	·	Kockledge FL 32955	
			Change
Owner	Jacqueline Tuncap	4010 Harvest Circle Rockledge FL 32955	\ <b>\</b> \Add
	,	Rockledge Fi 32955	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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			□Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
			□ Change

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
<del></del>	
<del></del>	
<del></del>	
<del>-, - i -</del>	
(If an effecti <u>Note:</u> If t	date, if other than the date of filing:
If the record s record is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	1/1/2021 Geneary
	Signature of a member or authorized representative of a member
	Jacqueline Tuncad Typed or printed name of signee