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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Name of Lim mendment and fee(s) are sub dence concerning this matter	_	·
	_	
dence concerning this matter	to the following:	
Augusto A Ortiz Rivera		
	Name of Person	
VONDORY LLC		
	Firm/Company	
131 Sandalwood Drive		
	Address	<u> </u>
Kissimmee FL 34743		
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
5876772@gmail.com		
E-mail address: (to be used for future annual repo	rt notification)
icerning this matter, please co	all:	
		72
Person		Paytime Telephone Number
following amount:		
☐ \$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)
	-	
porations		Corporations of Tallahassee
	VONDORY LLC 131 Sandalwood Drive Kissimmee FL 34743 5876772@gmail.com E-mail address: (Incerning this matter, please content of the cont	Augusto A Ortiz Rivera Name of Person

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)		
Liability Company	were filed on DEC 09, 2020	and assi	gned
lowing:			
of the limited liab	pility company here:		
words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.I	C."
nter new principal offices address, if applicable:			
ET ADDRESS)		. <u> </u>	_
			
ter new mailing address, if applicable:			
BOX)			
registered office a	address on our records, <u>enter the</u>	name of the new	
NA			2621 EE
	Enter Florida street address		:"
	, Floric	ta	1.
	City	Zip Code	
Registered Agent:			= =
ed agent and agr per and complete	ee to act in this capacity. I furthe performance of my duties, and l	am familiar with	añd
registered office	address I hereby confirm that t	he limited liabilit	
change.	address, Thereby Conjum that is	ne mmea maomi,	y
	lowing: lowing: of the limited liab cable: ET ADDRESS) registered office: SS here: NA NA NA Registered Agent: ed agent and agricer and complete istered agent as per agent as per agent as per and complete istered agent age	NA BOX) NA BOX NA Enter Florida street address NA Enter Florida street address City Registered Agent: ed agent and agree to act in this capacity. I further are and complete performance of my duties, and I further and complete performance of my duties, and I	Inability Company were filed on DEC 09, 2020 and assignation: It words "Limited liability company here: Words "Limited Liability Company," the designation "LLC" or the abbreviation "LL cable: NA Enter Florida street address NA NA Enter Florida street address City Zip Code Registered Agent: and agree to act in this capacity. I further agree to complete performance of my duties, and I am familiar with instered agent as provided for in Chapter 605, F.S. Or, if this document is tered agent as provided for in Chapter 605, F.S. Or, if this document is tered agent as provided for in Chapter 605, F.S. Or, if this document is tered agent as provided for in Chapter 605, F.S. Or, if this document is tered agent as provided for in Chapter 605, F.S. Or, if this document is tered agent as provided for in Chapter 605, F.S. Or, if this document is tered agent as provided for in Chapter 605, F.S. Or, if this document is tered agent as provided for in Chapter 605, F.S. Or, if this document is tered agent as provided for in Chapter 605, F.S. Or, if this document is tered agent as provided for in Chapter 605, F.S. Or, if this document is tered agent as provided for in Chapter 605, F.S. Or, if this document is tered agent as provided for in Chapter 605, F.S. Or, if this document is tered agent is the capacity is the designation "LLC" or the abbreviation "LLC"

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>l itle</u>	<u>Name</u>	Address	Type of Action
Manager	Augusto A. Ortiz Rivera	131 Sandalwood Drive, Kissimmee, FL , 34743	🗀 Add
			□Remove
			= Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			🗀 Remove
			🗆 Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

Chanes needed due to ID requ	irements (to match my driver license / i	identification)	
			
			
		· · · · · · · · · · · · · · · · · · ·	
			
			
			
			
·			
ive date, if other than the	1ate of filing: 02/01/2021	(optional)	
ective date is listed, the date must	be specific and cannot be prior to date of filing ck does not meet the applicable statutor	ng or more than 90 days after filing.) Pursi	uant to 605.0207 (not be listed as t
d specifies a delayed effective led.	date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th	i day after the
February 02	. 2021		
Augusto A O	ntiz Rivera Signature of a member or authorized represe		
			

Filing Fee: \$25.00