L20000388080

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Žip/Phone #)	
	AIL
(Business Entity Name)	. <u> </u>
(Document Number)	
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TO: Registration Sec Division of Corp			
SUBJECT:	VEZ Produ	tians LLC	
	mendment and fee(s) are subm		
Please return all correspon	dence concerning this matter to	o the following:	
	Leni	s Thurston 7 Name of Person	<u>L</u>
		Firm/Company	
	2626 E	Park Avei Address	
	Tallahu	see FL 323	
	-	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report no	tification)
For further information co	oncerning this matter, please ca	dl:	
		at () BS 0 Area Code Dayti	879 1294
Name o	f Person	Area Code Dayti	me 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)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration Division of C	Section Corporations	Street Address: Registration S Division of C	orporations
P.O. Box 6327 Tallahassee, FL 32314		The Centre o 2415 N. Mon Tallahassee,	roe Street, Suite 810

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ARTICLES OF A TO ARTICLES OF O OI) RGANIZATION
<u>VEZ</u> <u>(Name of the Limited Liability Compar</u> (A Florida Limited L The Articles of Organization for this Limited Liability Company Florida document number <u>L20660388080</u> .	tions LLC nv as it now appears on our records.) nability Company) 12/11/20
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liab</u> i	<u>ility company here</u> :
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STREET ADDRESS)</u>	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zap 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 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

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Title	Name	Address	Type of Action
			🗆 Add
			🗆 Remove
			[] Change
			🖸 Add
			□Remove
			Change
			🗆 Add
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			□ Change
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			🗋 Add
			🗌 Remove

[]Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 14th 2021
Signature of a member or authorized representative of a member
Lewis Thurston I