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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VanAverg LLC Jame of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Holly Weir Name of Person	
Firm/Company	
1436 W23rd St Address	
Jacksonville FL 32209 City/State and Zip Code Holly dolly 1295 @ Gymail, Com E-mail address: Jo be used for future annual report notification)	
For further information concerning this matter, please call:	
Holly Weir at (904) 862 8050 Name of Person at (904) Daytime Telephone Number	© - 11 101 - 101 -
Enclosed is a check for the following amount:	·
tadditional copy is enclosed) Certified C	of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Van Averca (<u> </u>	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L21000321052</u> . This amendment is submitted to amend the following:	10 10 0001	and assigned
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 I	liability Company," the designation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the name of	the new registered
		C)
Name of New Registered Agent:		702/
New Registered Office Address:		j j
	Enter Florida street address	1
	Florida	> . T
New Designation of the state of	•	ip <u>C</u> ode
New Registered Agent's Signature, if changing Registered Age		24
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	agree to act in this capacity. I further agree to lete performance of my duties, and I am famil as provided for in Chapter 605, F.S. Or, if thi	o comply with the liar with and is document is

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

Title	<u>Name</u>	Address	Type of Action
			□Add
i			□Remove
_			□Change
<u>AMB</u> R	Holly Weir	1436 Wardst Jacksonville	(X Add
		Jacksonville	□Remove
		FL 132209	□Change
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ective date, if other than the da n effective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Depa	specific and cannot be prior to does not meet the applicab	date of filing or more that ole statutory filing requ	(optional) n 90 days after filing.) Pri irements, this date wil	ursuarfeto 605,0207 Il not be listed as
cord specifies a delayed effective da s filed.	ate, but not an effective tim	e. at 12:01 a.m. on the	earlier of: (b) The 9	0th day after the
ed MAY 16, 205	Z]	- <i>•</i>		
ed MAY 16, 200	Dely Coul	A ved representative of a me	ember	
—— N	len Gilbert C			
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Filing Fee: \$25.00