## L21

(Re	questor's Name)	
(Ád	ldress)	
·	·	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filir	ng Officer:	

Office Use Only



800439717068

11/20/24--01001--001 \*\*30.00

2024 NOV 19 PM 2: 40

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Va	Mane of Lim	Improve ment	JLC_
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Valenti	h Varous	
	<u>Vargus</u>	Hame MPraven	er , LLC
	282 St	relaw parans R	d
	Manticena_	City/Sate and Zip Code	
	Valgasha E-mail address: (	Mes 21 @ gmail. Cag to be used for luture annual report notif	lication)
For further information co	oncerning this matter, please ca		
Valentin Name of	Malgas  Terson	at ( <u>\$50</u> ) <u>\$41-0</u> Area Code Daytime	2531 e Telephone Number
Enclosed is a check for th	, -		
S25.00 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)

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

Name of the Limited Liab	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L<b>2</b>10</u> 334345	- , / 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADd	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records. enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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 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
m&R	Dovid C. Brookins	675 5 Waukeenans	Add Add
		Montileno, FL 32344	□Remove
		USA,	□Change
MgR.	Flias J. Vargos	3282 Sthellow forms he	Add
		Mon+ice110 F132344	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
	<del></del>		🗀 Add
			□Remove
			Change

•	
_	
-	
-	
-	
-	
-	
-	
_	
-	
-	
-	
-	
-	
-	
ote:	ive date, if other than the date of filing:
ecor is fi	d 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 ed.
ated	1//19/2029
	and the same of th
	Signature of a member or authorized representative of a member
	Valentin Valoas  Typed or printed name of signee

Filing Fee: \$25.00

1