422000061624

(Re	questor's Name)	
	dress)	
(Au	uress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

Vesta Sent	inam LLC			
	Name of Lin	nited Liability Company		
Please return all correspondence concerning this matter to the following: Shelly A Farmer				
Please return all correspo	ondence concerning this matter	to the following:		
	Shelly A Farmer			
		Name of Person	· ·	
Name of Person Vesta Sentinam LLC Firm/Company 1840 River Oaks Rd Address Jacksonville FL 32207-4137 City/State and Zip Code s.farmer@custompump.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shelly Farmer at (
				
		Jacksonville FL 32207-41	37	
			City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)	
For further information of	concerning this matter, please c	all:		
Shelly Farmer				
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &	
-		-		
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Lin	nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Florida document number L22000061624	Liability Company were filed on 01/26/2022 and assigned
	
This amendment is submitted to amend the fo	llowing:
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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:
(Principal office address MUST BE A STRE	CET ADDRESS)
Enton many modified address (6 - 17 - 17	
• • • • • • • • • • • • • • • • • • • •	E BOIL
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	E BOX)
• • • • • • • • • • • • • • • • • • • •	E BOX)
Mailing address MAY BE A POST OFFICE	
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	registered office address on our records, enter the name of the new re
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our records, enter the name of the new re
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	registered office address on our records, enter the name of the new re
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our records, enter the name of the new regess here:
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office address on our records, enter the name of the new re

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
MGR	Dustin S Dowdy	419 Eastwood Place	
		Mt Juliet TN 37122	_
			□Change
AMBR	Shelly A Farmer	7958 Lascassas Pike	■Add
		Lascassas TN 37085	□Remove
			Change
			□Add
			□Remove
			□Add
			Remove
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prock does not meet the ann	rior to date of filing or	1 00 1		207 l as
e record specifies a delayed effective rd is filed.	date, but not an effective	e time, at 12:01 a.m	n. on the earlier of: (b)	The 90th day after t	he
	2022				
Dated July 8	,	<del></del> •			
Dated July 8		<del></del> .			
Dated	lignapare of a member or au	athorized representati	ve of a member		

Filing Fee: \$25.00