

L22 000065789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2022 JUN -2 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FL



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vent Kings Florida ee
Name 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:

Roberto Garcia Jr
Name of Person
Vent Kings Florida
Firm/Company
24 Wards Ravine Way
Address
St. Johns FL 32259
City/State and Zip Code
rgarciaesp1983@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto Garcia at 904 294-1912
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

X **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

Vent Kings Florida

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED

2022 JUN -2 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L22000065789

This amendment is submitted to amend the following:

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

24 Wards Ravine Way
St Johns. FL 32259

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

Roberto Garcia Jr

New Registered Office Address:

24 Wards Ravine Way

Enter Florida street address

St. Johns

City

Florida

32259

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.

Roberto Garcia Jr
If Changing Registered Agent, Signature of New Registered Agent

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Roberto Garcia Jr Kenn Garcia
Signature of a member or authorized representative of a member

Roberto Garcia Jr Kenn Garcia
Typed or printed name of signer