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Office Use Only



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SECRETARY OF STA

CAPITAL CONNECTION, INC.

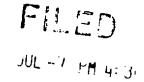
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Vanir LLC		
		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
	-	L.C. File
	ļ 	Fictitious Name File
	<u> </u>	Trade/Service Mark
		Merger File
	_	Art, of Amend. File
		RA Resignation
	-	Dissolution / Withdrawal
		Annual Report / Reinstatement
	-	Cert. Copy
	_	Photo Copy
	_	Certificate of Good Standing
	_	Certificate of Status
	_	Certificate of Fictitious Name
	_	Corp Record Search
	_	Officer Search
	_	Fictitious Search
Signature		Fictitious Owner Search
Signature .		Vehicle Search
		Driving Record
Requested by: SETH 07/06/22	_	UCC 1 or 3 File
07/06/22		UCC 11 Search
Name Date	Time	UCC Retrieval
Walk-In Will Pick Up		Courier

COVER LETTER

		stration Section of Corpo					
SUBJEC		VANIR LLC					
SUBJEC	.li _		Name of Lin	nited Liability Co	unpany		
The enclo	os e d /	Articles of Ar	mendment and fee(s) are sub	bmitted for filin	g.		
Please ret	turn a	II correspond	ence concerning this matter	r to the followin	g:		
		ALEX D. SIRULNIK					
				Name of	Person		
			ALEX D. SIRULNIK, P.	A.			
				Firm/Co	mpany		
2199 PONCE DE LEON BOULEVARD, SUITE 301							
				Addre	ess		
			CORAL GABLES, FL 33	3134			
				City/State and	I Zip Code		
			DJS@SIRULNIKLAW.CO				
				(to be used for fur	ture annual rep	ort notification	on)
For furthe	r info	ormation cond	cerning this matter, please o	call:			
ALEX D.	. SIR	ULNIK		305 at (443-7	7211	
Name of Person			Code	Daytime Tele	ephone Number		
Enclosed i	is a c	heck for the f	ollowing amount:				
\$25.0	0 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 F Certified (additiona		z d)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P	Regis Divis P.O.	ng Address: stration Section of Corp Box 6327 hassee, FL	porations		Street Addr Registration Division of The Centr 2415 N. M Tallahasso	on Section of Corpora e of Talla Ionroe Sti	itions hassee reet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



VANIR LLC

OF

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our recorded LLAHASSEE, FL

(A Florida Limited Liability Company)

(**************************************	Diagram, Company,	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000155049</u>	were filed on 04/12/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	s
	, Flo	orida
	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 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>	<u>Address</u>	Type of Action
MGR	CRISTIAN POWER		Add
			■Remove
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			□Remove
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the Defective date.	ock does not meet th	e applicable statuto	ling or more than 90 da ory filing requiremen	(optional) ys after filing.) Pursuant to its, this date will not be	o 605,0207 (e listed as th
e record specifies a delayed effective rd is filed.	e date, but not an eff	ective time, at 12:0) I a.m. on the earlie	of: (b) Th e 90th day	after the
JULY I Dated	202	2			
1 1/2	W	·			
11 27:30	1/ 12				
	Signature of a member	or authorized repres	sentative of a member		_

Filing Fee: \$25.00