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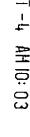
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor		464		
SUD IF C		EINVESTING LLC			
SUBJEC	l:	Name of Lim	ited Liability Company	_	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
	WAYNE VONPERBANDT				
		<u> </u>	Name of Person	-	
			Firm/Company		
		6616 BOATYARD DR			
			Address		2
		HUDSON, FL 34667			022 (
		MRNUBBS@AOL.COM	City/State and Zip Code		2022 OCT -4 AM 10: 03
		E-mail address: (to be used for future annual repo	ort notification)	A
For furthe	r information c	oncerning this matter, please ca	all:		- <u>ö</u>
WAYNE VONPERBANDT 630 432-1606 at ()					
	Name o	f Person	Area Code 1	Daytime Telephone Number	
Enclosed	is a check for th	ne following amount:			
□ \$25.0	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certified (e of Status &
	Mailing Addres		Street Addre		
Registration Section Division of Corporations			Registration Section Division of Corporations		
	O. Box 632	•	The Centre	of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VONROSE INVESTING LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny <u>as it now appears on our records.</u>) Dability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000333243</u>	were filed on 07-28-2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		2022 0
(Principal office address MUST BE A STREET ADDRESS)		
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- 0
The state of the s		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	nddress on our records, enter the na	me of the new registers
item registered office reduces.	Enter Florida street address	
	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cuy	гар Сіме
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I an	n familiar with and

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
AMBR	ZACHARY VONPERBANDT	6616 BOATYARD DR	
		HUDSON, FL 34667	□Remove
			Change
AMBR	WAYNE VONPERBANDT	6616 BOATYARD DR	
		HUDSON, FL 34667	□Remove
			□Change
			2000 OCT
			CT Remove
			□ Change
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	7 10: 03 03
	<u> </u>
C. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at ecord is filed.	12:01 a.m. on the earlier of: (b) The 90th day after the
Dated SEPTEMBER, 21ST 2022	
Carole Paose	
Signature of a member or authorized r	epresentative of a member
CAROLE ROSE	
Typed or printed name	of signee

Filing Fee: \$25.00