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COVER LETTER

Registration Section Division of Corporations

TO:

Vanox Glo	bal LLC				
SUBJECT:	Name of Lim	ited Liability Company		_	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Shannon Stahlin				
		Name of Person			
	Direct Incorporation				
		Firm/Company			
	1200 McKinley Street				
		Address			
	Bay City MI 48708			 .	797
		City/State and Zip Code			·
	maryann@directincorp.com				1 m a
	E-mail address: (to be used for future annual report noti-	fication)	AY OF	
For further information c	oncerning this matter, please e	all:		OF S	PH 12: 21
maryann lawrence		877 8772816496		TAT	.; ?;
Name o	f Person		e Telephone Num		_ U 1
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif) Filing Ficate of Sied Copy and copy is	Status &
Mailing Address Registration S Division of C	Section Corporations	Street Address: Registration Sec Division of Cor	porations		•
P.O. Box 632 Tallahassee, l		The Centre of T 2415 N. Monro		e 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vanox Global LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our reco liability Company)	ords.)
he Articles of Organization for this Limited Liability Company	were filed on 02/22/2023	and assigned
orida document number L23000096282		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
Iston Roy International LLC		
ne new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "I.	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		72.7
Principal office address MUST BE A STREET ADDRESS)		- 1-3 3-2
The same of the sa		اب رز ر
		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
nter new mailing address, if applicable:		Y Oil
••		Fs 70
<u> Iailing address MAY BE A POST OFFICE BOX)</u>		FA 22
		<u>, U</u> 2
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registo
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ado	lress
	·	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
			🗆 Add
			□Remove
			ElChange
			🗆 Add
			□Remove
			□Change
			Remove
		- SEE	Change
			PH 12: 25
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						J.E	25	
ctive date, if other than t	he date of f	iling:				(optional)		
effective date is listed, the date in this effective date inserted in this	must be specific	and cannot l	be prior to da	te of filing or	more than 90 da	sys after filing.) P	ursuant t	to 605,0207
ument's effective date on the				statutory iii	ing requireme	itts, tills tiate wi	111 11070 17	e nated da
cord specifies a delayed effects filed.	nive date, but	not an effe	etive time,	it 12:01 a.m	, on the earlic	r of: (b) The ^c	≀0th day	after the
ed May 22		2024	·					
V Tros	5.5.							

Filing Fee: \$25.00