24000118019

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

TO: Registration S Division of Co			
Vanicea, I	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Evan B. Plotka		
		Name of Person	·· <u>····</u>
	Evan B. Plotka, P.A.		
		Firm/Company	
	3837 Hollywood Boulevan	rd, Suite A	
		Address	
	Hollywood, FL 33021		
		City/State and Zip Code	.
	vincianebuzenet@gmail.co		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report not	ification)
	concerning this matter, prease c		
Michelle Plotka		954 334-7600 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ection
	Corporations	Division of Co	
P.O. Box 63	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Vanicea, LLC		
(Name of the Limited)	1 ishilit. C	}
(A)	Liability Company as it now appears on our records.) Florida Limited Liability Company)	1, -4 AH 8: 30
The Articles of Organization for this Limited Liab	ility Company were filed on March 7, 2024	and assigned
Florida document number L24000118019		!_
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company." the designation "LLC" o	r the abbreviation "L. L. C."
Enter new principal offices address, if applicable		
		-
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO		- · · · · · · · · · · · · · · · · · · ·
www.g.www.com/// IND NT OF THEE HO	<u> </u>	
		-
D. If amonding the positional court of		
B. If amending the registered agent and/or regis agent and/or the new registered office address h	stered office address on our records, enter the	name of the new regis
The second secon	CIC.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
-	, Floric	da Zip Code
New Registered Agent's Signature, if changing Regi		zap Cour
I hereby accept the appointment as registered as	gent and agree to act in this capacity. I furthe	er agree to comply wit
and the second s	gent and agree to det in this capacity. I furthe	ir agree to comply will

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
SECT'Y	Veronique Legal	14 Modigliani 75015 Paris FRANCE	■Add
			□Remove
			□Add
			□Remove
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			□Remove
			□ Change

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Filing Fee: \$25.00