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- (Requ	estor's Name)	<u> </u>
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TALLAHASSEE, FLORIG

AUG 0 1 2016 S. YOUNG

COVER LETTER

Division of Corporations	•
SUBJECT: VanWye-Doss Inve	estments LLC
Name of Foreign	Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) ar	re submitted for filing.
Please return all correspondence concerning this	matter to the following:
Jordan VanWye	
Name of Person	
VanWye-Doss Investmen	nts LLC ಕ್ಷ 🖹
Firm/Company	16 JUL 29 PH 2: 10
3704 Kinnett Lane	29 P
Address	2; H
Indianapolis, IN 46228	5
City/State and Zip Code	
jvanwye@apexenergygroup	o.com
E-mail address: (to be used for future annual r	report notification)
For further information concerning this matter, p	olease call:
lordon VanMva	at (317) 979-6187
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount: \$\begin{align*}	: S55 Filing Fee & S60 Filing Fee, Certified Copy Certified Copy Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

 Name of limited liability Company as it appears 		la Department of	
State: VanWye-Doss Investments	LLC		
Enter new principal office address, if applicable:			
(<u>Principal office address</u> MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited lia	bility company is: M160	00002303	16 JUL 28 PH 2: 10
3. Jurisdiction of its organization: Indiana			- 29
4. Date authorized to do business in Florida: Ma	rch 18, 2016		- P
SECTION II (5-9 complete only the applicable of			13
5. New name of the limited liability company: V	anWye Investment	Company, " "L.L.C"	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	naging members adopting th	ing business in Florida ne alternate name. The	and attach a alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ac		cords, enter the name o	of the new
Name of New Registered Agent:		, , , , , , , , , , , , , , , , , , , 	
New Registered Office Address:	Enter Fl	orida Street Address	
	Ziner C v	, Florida	
_	City	, Florida Zi	ip 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.

itle/ Capacity	<u>Name</u>	Address	Type of Actio
MBR	Tandon Doss	3704 Kinnett Lane	Add
		Indianapolis, IN 4622	8 Remov
			Add
			Remo
			JUL 29 PH 2:
			Remov
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			Remov
			Add
			Remo
	a certificate, if required: no more than	n 90 days old, evidencing the d by the official having custody of records in th organized.	e

Filing Fee: \$25.00

State of Indiana Office of the Secretary of State

Certificate of Amendment

of

VANWYE-DOSS INVESTMENTS LLC

I, CONNIE LAWSON, Secretary of State, hereby certify that Articles of Amendment of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Flexibility Act.

The name following said transaction will be:

VANWYE INVESTMENTS, LLC

NOW, THEREFORE, with this document I certify that said transaction will become effective Monday, June 27, 2016.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 28, 2016

Corrie Lamon

Connie Lawson
SECRETARY OF STATE

2016011900800 / 7344472

To ensure the certificate's validity, go to https://bsd.sos.in.gov/PublicBusinessSearch



ARTICLES OF AMENDMENT OF THE ARTICLES OF ORGANIZATION

State Form 49460 (R4 / 8-14) Approved by State Board of Accounts, 2014

INSTRUCTIONS: Use 8 1/2" x 11" white paper for attachments.

Present original and one copy to the address in upper right corner of this form. Please TYPE or PRINT,

Approved and Filed 2016011900800/7344472 Filing Date: 06/28/2016 Effective :06/27/2016 11:00 CONNIE LAWSON Indiana Secretary of State

FOR OFFICE USE ONLY

Please visit our office on the web at www	w.sos.in.gov.	Filing Fee: \$30.00
	ARTICLES OF AMENDMENT OF THE ARTICLES OF ORGANIZATION OF:	
lame of Limited Liability Company		ate of Organization (month, day, year)
VanWye-Doss Investments LLC		01/19/2016
The undersigned manager or member of the above reference provisions of: Indiana Business Flexibility Act as amended of certain provisions of its Articles of Organization, certified	ed (hereinafter referred to as the "Act"), des	
	ARTICLE Amendment(s)	
The exact text of Article(s) of Organization is now as follows:	Article "I"	of the Articles
(NOTE: If amending the name of LLC, write Article "I" in The name of the LLC is VanWye Investments LLC.	space above and write "The name of the LL	SEL RETARY OF STATE TALLAMASSEE FLORIDA 16 JUL 29 PH 2: 10 MDIAHA SECRETARY OF STATE HEUL, YES OF STATE 2016 JUN 27 FM 2: 46
	ARTICLE II	
Date of each amendment's adoption (month, day, year): 05/24/2016	ARTIGLE	

		Approved and Filed
ARTICLE III	- Compliance with Legal Requirements	2016011900800/7344472
The manner of the adoption of the Articles of Amendme of Organization.	nt constitute full legal compliance with the prov	Filing Date: 06/29/2016 Figorive: 06/27/2016 11:00 isions Connectative of the Articles Indiana Secretary of State
I hereby verify, subject to the penalties of perjury, that the May 2016	ne statements contained herein are true, this	24th day of
Required if registered agent information was updated: By checking the box, the signator(s) represent(s) the appointment of the registered agent.	hat the registered agent named in the application	on has consented to
Signature of current manager or member of LLC	Printed name of manager or member	
Did Va	Jordan VanWyc	
Member Grand Member		

TALLAHASSFE, LORIDA 16 JUL 29 PH 2: 10