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SECRETARY OF STATE OIVISION OF CORPORATIONS

T. HAMPTON

APR - 1 2010

EXAMINER

COVER LETTER

Division of	Corporations				
SUBJECT:	INDIAN SPR	INGS MARINA, LLC			
		ited Liability Company			
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.			
Please return all corn	espondence concerning this matter	r to the following:			
		LOUIS J. VINCI	·		
	INDIA	N SPRINGS MARINA, INC.			
	Firm/Company				
	7162 HUNT CLUB LANE				
		Address			
		SEMINOLE, FL 33776 City/State and Zip Code			
	E-mail address: (JVINCI@AOL.COM (to be used for future annual report notifice	ution)		
For further informati	on concerning this matter, please				
	LOUIS J. VINCI	at (95-2956		
Na	me of Person	Area Code & Daytime	elephone Number		
Enclosed is a check	for the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Re Di P.	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle		

- ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INDIAN SPRIN	GS MARINA,	LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appe ed Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liability Compa	any were filed on	FEB. 21, 2000	and assigne	ed
Florida document number L0000002309				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company he	<u>ere</u> :		
VI GRO	OUP, LLC			
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Com	pany," the designation "LI	C" or the abbro	eviation
Enter new principal offices address, if applicable:	NA			VISE SE
(Principal office address MUST BE A STREET ADDRESS	2		X	오금
			<u></u> ယ	역동-

Enter new mailing address, if applicable:	NA		î	000
(Mailing address MAY BE A POST OFFICE BOX)			(E)	ÃÃ
				S E
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter th	e name of th	ne new
Name of New Registered Agent: NA				
New Registered Office Address:	Enter Florida street address			
		, 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
	<u>NA</u>		Add Remove	
			Add Remove	
			Add Remove	
<u></u>			Add Remove	
			Add Remove	
			Add Remove	
D. If an	nending any other information, enter cha NA	inge(s) here: (Attach additional sheets, if necessary.)	SECRETARYOF STATE DIVISION OF CORPORATIO	
Dated _	d.R	2010 .	ATIONS	
		ber or authorized representative of a member LOUIS J. VINCI ped or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00