

L08000025990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 21 AM 10:53

B. KOHR

MAR 23 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VIN BG, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

KP Trust Management, LLC

Firm/Company

7819 Glen Crest Way

Address

Orlando, Florida 32836

City/State and Zip Code

famiholic@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathern Papa

at (407)

233-1630

Name of Person

Area Code & Daytime Telephone 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)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED STATE
SECRETARY OF CORPORATIONS
11 MAR 21 AM 10:53

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

VIN BG, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 21 AM 10:53

The Articles of Organization for this Limited Liability Company were filed on 03/12/2008 and assigned
Florida document number L08000025990.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

941 Scenic View Circle

Minneola, Florida 34715

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

941 Scenic View Circle

Minneola, Florida 34715

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Corporation Service Company

New Registered Office Address:

1201 Hays Street

Enter Florida street address

Tallahassee

Florida

32301

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.

Lamont W Jones, Assistant VP
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

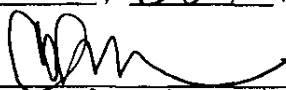
MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------------|---|--|
| MGR | KP Trust Management, Inc. | 7819 Glen Crest Way Orlando, Florida 32836 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | Benita De La Rosa Badillo | 941 Scenic View Circle Minneola, Florida 34715 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 3/18, 2011.



Signature of a member or authorized representative of a member

Kathern Papa

Typed or printed name of signee