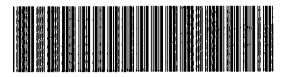
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ALLAHASSEE, FLORIDA

D. BRUCE

APR 0 5 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: VF 26 Street 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:			
here Vivo Name of Person			
VF 26 Street LLC Firm/Company			
7545 W. 24th Ave, suite 100		11 AP	
Hialpah, FL 33016 City/State and Zip Code	ARY OF	APR-4 器	
E-mail address: (to be used for future annual report notification)	STATE		D
For further information concerning this matter, please call:	127	ÇĢ	
Evelyn Vivo at (305) 817-8899 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \tex	f Stati py		sed)
MAILING ADDRESS: STREET/COURIER ADDRESS:			

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

STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

· VF 26 S	treet LLC	
(Name of the Limited 1 (A)	Liability Company as it now appears on our r Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Lia	ability Company were filed on	1 and assigned
Florida document numberL1100001780		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	29 =
	·	
	·	ARY ARY
Enter new mailing address, if applicable:		——————————————————————————————————————
(Mailing address MAY BE A POST OFFICE B	<u></u>	
	-	
B. If amending the registered agent and/or registered agent and/or the new registered off		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floride	a street address
	- ,	Florida
	City	Zip Code
Naw Dogistared Agent's Signature if shonging D.	agistared Agents	

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

MGR = Manager

MGRM = Managing Member **Type of Action Address** <u>Title</u> <u>Name</u> hene Vivo MGBM MGRM ☐ Add Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member hene Y \ \ \ \ O \ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00