



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2014

MICHELLE RAMIREZ
8530 SW 124TH AVE, SUITE 103-214
MIAMI, FL 33183-4632

SUBJECT: VOS UTILITY, LLC
Ref. Number: L13000121169

We have received your document for VOS UTILITY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 614A00004537

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY - 1 AM 10: 59

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2013

MICHELLE RAMIREZ
8530 SW 124TH AVE, SUITE 103-214
MIAMI, FL 33183-4632

SUBJECT: VOS UTILITY, LLC
Ref. Number: L13000121169

We have received your document for VOS UTILITY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 513A00023590

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY -1 AM 10:59

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VOS UTILITY, 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:

MICHELLE RAMIREZ
Name of Person

VOS UTILITY, LLC.
Firm/Company

8530 SW 124TH AVE SUITE 103-214
Address

MIAMI, FL 33183-4632
City/State and Zip Code

michelle@mailapex.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELLE RAMIREZ at **(786) 525-5596**
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
2014 MAY -1 AM 10:59
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

VOS Utility, LLC.

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

The Articles of Organization for this Limited Liability Company were filed on 08/22/2013 and assigned Florida document number L13000121169.

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)

8530 SW 124 Ave.

Suite 103-214

Miami, FL 33183-4102

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8530 SW 124 Ave.

Suite 103-214

Miami, FL 33183-4102

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:

Michelle Ramirez

New Registered Office Address:

8530 SW 124 Ave. Suite 103-214

Enter Florida street address

Miami

Florida

33183

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 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

2014 MAY - 1 AM 10:59
CLERK OF STATE
TALLAHASSEE FLORIDA

FILED

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Ramirez, Ruben	8074 SW 133 Ct	<input type="checkbox"/> Add
		Miami, FL 33183	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY -1 AM 10:59

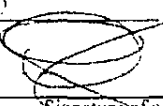
FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 6, 2014


Signature of a member or authorized representative of a member

Michelle Ramirez

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 MAY -1 AM 10:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA