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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Vner IC  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:
Maryna Goldberg
Name of Person
Firm/Company
651 NW 38 16 Circle
Boxa Raton F1 33431
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Maring Coldbers at 1561) 400-1224 AHE ST THE
Name of Person  Area Code & Daytime Telephone Number  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
<b>□</b> \$25.00 Filing Fee <b>□</b> \$30.00 Filing Fee & <b>□</b> \$55.00 Filing Fee & <b>□</b> \$60.00 Filing <b>Fee</b>
Certificate of Status Certified Copy Certificate of Status &  (additional copy is enclosed) 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

!/unes 1/K						
(Name of the Limited Lia (A Flo	bility Company orida Limited Liab	as it now ap pility Compar	pears on our 1y)	records.)		
The Articles of Organization for this Limited Liabil Florida document number <u>LO600075</u>	lity Company wo	ere filed on	7/3/1	2006	and assig	gned
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liabilit	y company	here:			
Vynos IIC						
The new name must be distinguishable and end with the "L.L.C."	e words "Limited	Liability Co	mpany," the	designation \$	"LLC" or the ab	breviation
Enter new principal offices address, if applicable	e:					i i
(Principal office address MUST BE A STREET A	(DDRESS)				HASSE HASSE	4-5-24-57-3 4 1
Enter new mailing address, if applicable:		651	NW 3	38 <sup>th</sup>	Chilles Chilles	
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	Boca	Rate	I FI	25 J	
B. If amending the registered agent and/or registered agent and/or the new registered office	<u>address here</u> :					
Name of New Registered Agent:	Anna	Sako	wich_			
New Registered Office Address:	400 Di	ploma	A PL	الم	# 416	
_	Una 400 Di Hallana	lale	FL	, Florida	3343 343	<u> </u>
		City			Zip Code	
New Registered Agent's Signature, if changing Regi	istered 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title Name Type of Action <u>Address</u> aluz Marlon Manging Member Macing Sakevich Anna Pinkhasou Managins Member Manyna Goldberg GSI NW 38th Circle X Add Managing Mando Vadimir Nevidany Vladimir Nevidanie Addinia Vadimir Pkeny Remove Hallandale Fl 33009 Remove

nending any other	r information, enter change(s) here: (Attach additional sheets, if necessar
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1 (	
(tus 2	. 2013 .
	Signature of a member or authorized representative of a member
	// <sub>1</sub>
	1alyna Codosery
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA