## L17000021864

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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## **COVER LETTER**

Div	ision of Cor	porations				
SUD IF OF		ESTMENT GROUP LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
lease return	i all correspo	ndence concerning this matter	to the following:			
		VICTOR VILLALOBOS				
		<del></del>	Name of Person	<del></del>		
		VVA INVESTMENT GROUP LLC				
		20200 W DIXIE HWAY S	Firm/Company SUITE 606			
			Address	<del></del>		
		AVENTURA, FL. 33180				
		FABGONZALEZ@HOTM	City/State and Zip Code IAIL.COM			
			to be used for future annual report notif	ication)		
		oncerning this matter, please ca				
VICTOR V	!LLALOBOS		305 336-5053 at ()			
	Name o	f Person	at ()	: Telephone Number		
Enclosed is a	a check for th	ne following amount:				
■ \$25.00 F	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)		
		ING ADDRESS: ation Section	STREET/COURI Registration Section			

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

Registration Section

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VVA INVESTMENT GROUP LLC		0.00
( <u>Name of the Limited Liabili</u> (A Florid)	ity Company as it now appears on our records.) a Limited Liability Company)	00T 25
The Articles of Organization for this Limited Liability C	Company were filed on 01/27/2017	Zand assigned
Florida document number L17000021864	<u></u> ,	The contraction
This amendment is submitted to amend the following:		52 57
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ter the name of the new
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	<u> </u>
	, Florida	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	FRANCISCO VILLALOBOS	20200 W DIXIE HWAY # 606 AVENTURA, FL, 33180	<b>∃</b> Add
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			□ Remove
		<u></u>	Change
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OCTO	OBER 19th		2018					
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_			<del>/</del>					
_		Signature of a	member of auth	norized represent	anve of a memor	er ·	AH	T 25
	VICTOR VILLALOB	_		norized represent		<b></b>	AHASSE	T 25 PM

Filing Fee: \$25.00