

# LIBRARY

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : RC TAX SERVICE LLC  
Account Number : I20140000083  
Phone : (407)932-0040  
Fax Number : (407)520-5473

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN V.I.P. RESORTS LLC

|                       |         |
|-----------------------|---------|
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| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

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JUN - 6 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: V.I.P. RESORTS 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:

BLANCA MUNOZ

Name of Person

V.I.P. RESORTS LLC

Firm/Company

7950 NW 53RD STREET SUITE 337

Address

MIAMI, FL 33166

City/State and Zip Code

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

For further information concerning this matter, please call:

BLANCA MUNOZ

Name of Person

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

RECEIVED  
JUN 19 2019

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

V.I.P. RESORTS 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 11/08/2016 and assigned  
Florida document number L16000205815.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7950 NW 53RD STREET SUITE 337

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33166

Enter new mailing address, if applicable:

7950 NW 53RD STREET SUITE 337

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33166

**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:

New Registered Office Address:

7950 NW 53RD STREET SUITE 337

Enter Florida street address

MIAMI

Florida 33166

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

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>                | <u>Type of Action</u>                      |
|--------------|---------------|-------------------------------|--------------------------------------------|
| MGR          | MUNOZ, BLANCA | 7950 NW 53RD STREET SUITE 337 | <input type="checkbox"/> Add               |
|              |               | MIAMI, FL 33166               | <input type="checkbox"/> Remove            |
|              |               |                               | <input checked="" type="checkbox"/> Change |
|              |               |                               | <input type="checkbox"/> Add               |
|              |               |                               | <input type="checkbox"/> Remove            |
|              |               |                               | <input type="checkbox"/> Change            |
|              |               |                               | <input type="checkbox"/> Add               |
|              |               |                               | <input type="checkbox"/> Remove            |
|              |               |                               | <input type="checkbox"/> Change            |
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|              |               |                               | <input type="checkbox"/> Remove            |
|              |               |                               | <input type="checkbox"/> Change            |
|              |               |                               | <input type="checkbox"/> Add               |
|              |               |                               | <input type="checkbox"/> Remove            |
|              |               |                               | <input type="checkbox"/> Change            |
|              |               |                               | <input type="checkbox"/> Add               |
|              |               |                               | <input type="checkbox"/> Remove            |
|              |               |                               | <input type="checkbox"/> Change            |

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

Blank lines for amending information.

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated: June 5/2019

*Blanca Monoz*

Signature of a member or authorized representative of a member

Blanca Monoz

Typed or printed name of signer

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Filing Fee: \$25.00