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COVER LETTER:

. Div	ision of Corp	porations		
SUBJECT:	VK REALT			
oobsect.		Name of Lim	nited Liability Company	
The enclosed	f Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		JOHN H. EVANS, ESQ.		
			Name of Person	
		JOHN H. EVANS, P.A.		
		·	Firm/Company	
		1702 S. WASHINGTON A	AVE.	500 5
			Address	
		TITUSVILLE, FL 32780		
			City/State and Zip Code	F4 - 5
		johnhevanspa@yahoo.com		1 m
		E-mail address: (to be used for future annual report notifi	ication)
For further in	nformation co	oncerning this matter, please c	all:	
John H. Eva	ns		321 267-5504 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
\$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

VK REALTY, LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) He Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number L03000002484	by were filed on 1/22/2003 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lial	bility 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)	
	= =
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	\$ 5 to 65
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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>	Address	Type of Action
MGR	Shari L. Kasner	10688 Plainview Circle	■ Add
		Boca Raton, FL 33498	□ Remove
			Change
-			Add
			Remove
		 	Change
			Remove
			T Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			□ Change

	ations of the LLC but	t non-inclusi	ive of refinan	cing or sale of	the LLC or its pr	operties.		
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an effective date is ote: If the date	f other than the dat listed, the date must be inserted in this block ive date on the Depar	specific and c does not me	annot be prior tet the applica		r more than 90 day:			
	ifies a delayed ef after the record	fective da is filed.	ite, but not	an effectiv	e time, at 12:	01 a.m. or	the e	arlier d
record spec The 90th day							·	Γ.
The 90th day	ust 25	,,	2015			13 · 	- **	

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