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2011 DEC 22 PM 12: 14
SECNETARY OF STATE
FALLAHASSEE, FLORIDA

T. HAMPTON
DEC V 7 2811

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporation	18	. \$	ef	. * #	بر غو د
SUBJI	ЕСТ:	TORONTO Name of Lim	IN VLS furlaited Liability Con	nt Group	LLC	
The en	closed Articles of Amendm	nent and fee(s) are su	bmitted for filing.			
Please	return all correspondence o	oncerning this matte	r to the following:			
			ESTER L.	ALL rson		
			ITO INV			-
	***************************************		PARIC			
		VINTER PA	4RK, F/	, 32	789	
		1/NTER PA 1es ter 1 E-mail address: (to be used for future	Mai/. Co annual report no	otification)	
For fur	ther information concerning					
··	LESTER Name of Person	LACC	at (<u>\$0</u> -A	7, 592 .rea Code & Dayt	OSO 7 time Telephone Numbe	<u> </u>
Enclos	ed is a check for the follow	ing amount:				
\$25		.00 Filing Fee & ertificate of Status	\$55.00 Filin Certified ((additiona		sed) Certified	ate of Status &

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

FILED

2011 DEC 22 PM 12: 14 (A Florida Limited Liability Company) 8/18/2006 and assigned The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number <u>LO 60000 8 2036</u> 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address , Florida 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 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 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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	HEIDI, B. STRONG	1185 POMPE; LANE Naples, F1 34103	Add Remove
·····			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	ing any other information enter shop	ge(s) here: (Attach additional sheets, if necessa	arv)
D. If amend	ing any other information, enter than		
D. If amend	ing any other information, effect than		FILED 2011 DEC 22 PM 12: 14 SLUCKTIVE OF STATE NAME ASSEE, FLORIDA

Page 2 of 2

Filing Fee: \$25.00