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(Re	equestor's Name)		
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(Cit	ty/State/Zip/Phone	: #)	
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EXAMINER



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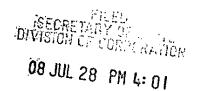
COVER LETTER

TO: Registration S Division of Co			<i>\$</i>
SUBJECT: VERO	BEACH VENTURES		
	(Name of Lim	ited Liability Company)	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JUNE MILLER		
		(Name of Person)	
	VERO BEACH VENTUR	ES, LLC	
	·	(Firm/Company)	
	3109 KING OLAF DR		
		(Address)	
	WAXHAW, NC, 28173		
		(City/State and Zip Code)	
For further information	concerning this matter, please c	all:	
JUNE MILLER		at (561) 352-8035	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	the following amount:		
□ \$25.00 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)

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



VERO BEACH VENTURES, LLC (Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our recor	ds.)
The Articles of Organization for this Limited Liability Company Florida document number L07000035599		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	6522 COLOMERA DR.	
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL 33433	
Enter new mailing address, if applicable:	3109 KING OLAF DR	
(Mailing address MAY BE A POST OFFICE BOX)	WAXHAW, NC, 28173	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida st	reet address)
	, Flor	
	(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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	JUNE MILLER	6522 COLOMERA DR. BOCA RATAON, FL 33433	Add Remove
	JEANINE DILLMAN	5024 WOODVIEW LANE WEDDINTON, NC 28104	Add Add Remove
			— n
			 -
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	 _
D. If amo	ending any other information, enter	change(s) here: (Attach additional sheets, if neces	ssary.)
•	OVERSIGHT THAT JUNE MILLER V	VAS NOT ON DOCUMENTS RELATES TO THE ELAWARE IN JUNE 8, 2004	
Dated JU	LY 23 ,	2008	Man
	Signature of a JUNE MILLER	nember or authorized representative of a member Typed or printed name of signee	<u>, , , , , , , , , , , , , , , , , , , </u>

Page 2 of 2

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