## 108000038844

• (Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	٠.
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Octanica dopies Octanicates of Status	
Special Instructions to Filing Officer:	
•	

Office Use Only



200136666052

10/10/08--01020--014 \*\*25.00

SECRETARY OF STATE TALLAHASSEE. FLORIDA

T. CLINE

OCT 13 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: VI - TEAM 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:	
ROGELZO ROBLES (Name of Person)	
ROGELZO ROBLES  (Name of Person)  REAL ESTATE LOAN NEGOTION SERVICES L.L  (Firm/Company)	, C
020 2rd C1 C # 100	
JACKSONVILLE BEACH, FL 32250  (City/State and Zip Code)	aki, Y
For further information concerning this matter, please call:	<u>,</u>
Roge 1 io KoBLES  (Nante of Person)  (Area Code & Daytime Telephone Number)	ų
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status  Certificate of Status & Certificate Copy (additional copy is enclosed)  Certificate of Status & Certificate Copy (additional copy is enclosed)	

TO:

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	
	O	<b>코</b> . 2
•	ORGANIZATION	EC JBB
C	F	유류 S "Ti
· Vi-TEAM	LLC	2008 OCT 10 AM 10: SECRETARY OF STALLAHASSEEL FLOO
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. Liability Company)	
(Name of the Limited Liability Companied A Florida Limited  The Articles of Organization for this Limited Liability Companied A Florida document number	y were filed on $4/17/2$	の優 <mark>元</mark> anc級signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
REAL ESTATE LOAN NEGOTIATION The new name must be distinguishable and end with the words "Lin		<u>.</u>
"L.L.C."		
Enter new principal offices address, if applicable:	830 3rd ST. S JA-CKSONVILLE BE	5 # 108
(Principal office address MUST BE A STREET ADDRESS)	JAICKSONVILLE BE	A-CH, FL
		35520
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida stre	et address)
	m · ·	la.
	, Florid (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 Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>		Address			Type of A	<u>ction</u>
<u>micmm</u>	TIMOTHY	BETROS	140K23471	STA ST. LEBEACH	5. #108 ~2668 -7.	Add Remove	:
					IALL AHA	SEPPE 14	*mgary
				<u>-</u>	SSEE C	10 4 10: 3	
					A	Add Remove	•
						Add ☐ Remove	
			141571210			Add Remove	
D. If amend	ing any other information	ı, enter change	(s) here: (Attach a	dditional shee	ts, if necessary.)	<del></del>	
<u></u>							
_						_	
Dated			n				
	Signati	ROGELI	or authorized represe ROBLE or printed name of sign	7	mber		

Page 2 of 2

Filing Fee: \$25.00