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SALLAHASSEE, FLORID.

J. BRYAN

AUG 1 8 2011

EXAMINER

COVER LETTER

Division of Co	prporations		
SUBJECT:	VIGOR F	FINANCIAL LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	TILE MII. 23
		SANON LEZEAU	調コに
		Name of Person	阿里
	VI	GOR FINANCIAL LLC	F10877
		Firm/Company	A DE
	3880 W	BROWARD BLVD, SUITE 8	
		Address	
	Pl	ANTATION, FL 33312	
		City/State and Zip Code	
	Sanon. E-mail address: (lezeau@vigorfinancial.com to be used for future annual report notifice	ition)
For further information	concerning this matter, please	call:	
SA	NON LEZEAU	at (954) 5	33-0136
Name	of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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 ARTICLES OF ORGANIZATION **OF**

VIGOR FINANCIAL LLC

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			
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Enter Florida street address , Florida	Name of New Registered Agent:		-
Enter Florida street address , Florida			
, Florida	New Registered Office Address:		77
		E)	uer rioriaa sireei aaaress
City Zip Code			
		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

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

Title	<u>Name</u>	Address	Type of Action
MGR	AVIA-ANN LEZEA	3880 W BROWARD BLVD SUITE 8 PLANTATION, FL 33312	Add ☐ Remove
			Add Remove
***************************************			P Ade
			□ Add
			Remove T
			Add Remove
			AddRemove
D. If amen	ding any other informatio	on, enter change(s) here: (Attach additional sheets, if no	ecessary.)
			· · · · · · · · · · · · · · · · · · ·
Dated	08/15		*****
	Signa	ture of a member or authorized representative of a member	
		SANON LEZEAU Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00