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SECRETARY OF STATE
TALLAHASSEE FLORIDA

## **COVER LETTER**

TO: Registration Sect Division of Corpo						
SUBJECT: The VINS	Group, LLC					
Scholer.		ted Liability Company)				
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.				
Please return all correspond	lence concerning this matter	to the following:				
	Shannon R. Tilton					
(Name of Person)						
Eastman & Smith, Ltd.						
(Firm/Company)						
	P. O. Box 10032	•				
		(Address)	<del></del>			
	Toledo, OH 43699-003	2				
		(City/State and Zip Code)				
For further information con	cerning this matter, please ca	all:				
Shannon R. Tilton		at (419 ) 247-1841				
(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

FILED 08 SEP -3 AM 8: 23

SECRETANY OF STATE TALLAHASSEE FLORIDA

The VINS Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on _	August 20, 2008	and assigned
Florida document number <u>L08000079921</u>			
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability company l	here:	
The new name must be distinguishable and end with the vull.L.C."	words "Limited Liability Cor	npany," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET AD.	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office a		n our records, <u>enter</u>	the name of the new
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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Shetty Mangala	Ocala, FL 34480	Add  Remove
MGRM	Sujata Hegde	2716 E. Dauber Dr. Ottawa Hills, OH 43615	Add Remove
MGR	Mangala Shetty	1401 SE 91st Place Ocala, FL 34480	Add Remove
MGR	Sujata Hegde	2716 E. Dauber Dr. Ottawa Hills, OH 43615	Add Remove
	<del></del>		Add · Remove
			Add Remove
D. If amen	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necess	ary.)
Dated	m 28	2007. 3- //dem	SEP -3 AM CRETARISEE F
	Mork It.	ember or authorized representative of a member  Attack  yped or printed name of signee	8: 23

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Filing Fee: \$25.00