

LO8000081483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

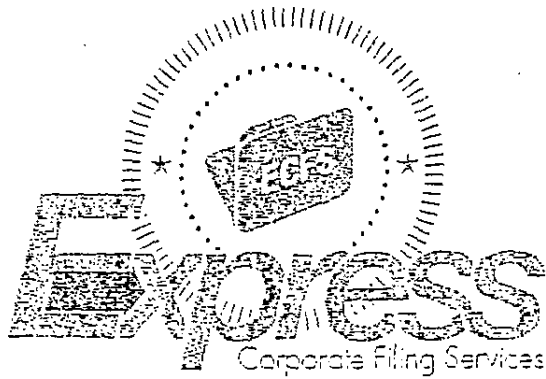
Office Use Only



900240207129

10/03/12--01007--008 **165.00

RECEIVED
DEPARTMENT OF STATE
12 OCT -3 AM 10:37
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 OCT -3 AM 9:37



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Vadi Investment LLC LO8000081483
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in
 Pick up time _____
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
12 OCT -3 AM 9: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VADI INVESTMENT 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 08/25/2008 and assigned
Florida document number: L08000081483

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARTIN ORJUELA	150 SE 2ND AVENUE STE 1110 MIAMI FLORIDA 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DIVA ACOSTA	150 SE 2ND AVENUE STE 1110 MIAMI FLORIDA 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MARSCHIA SCIOVILLE	150 SE 2ND AVENUE STE 1110 MIAMI FLORIDA 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MV TECH	CORONA GARDENS #36 LA GLORIA BETHANIA PANAMA REPUBLICA DE PANAMA	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LINA ISABEL ARIAS S	150 SE 2ND AVENUE SUITE 1110 MIAMI FLORIDA 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated SEPTEMBER 9 2012

X

Signature of a member or authorized representative of a member

MARSCHIA SCIOVILLE

Typed or printed name of signee

FILED
 12 OCT -3 AM 9:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA