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EGGETARY OF STATE

D. BRUCE

DEC 22 2008

EXAMINER

COVER LETTER

Division of Co						
SURJECT: Amend	lment to Vilnius Gro	up ŁLC				0
SUBJECT:		nited Liability Company)	-			ш
The enclosed Articles of	`Amendment and fee(s) are sul	bmitted for filing.				
Please return all corresp	ondence concerning this matter	r to the following:				
	Thelma Chodazeck					
		(Name of Person)				
	ALA Paratax Inc.					
		(Firm/Company)				
	Po Box 2276					
		(Address)		产的	80	
	Eaton Park, FI 33840			AHA AHA	330	-1 77
		(City/State and Zip Code)		HSS AUT	19	F
For further information of	concerning this matter, please c	eall:		S Jan	P	FILED
				17.1 17.1	Ÿ	
Jeannie Chodazeck		at (<u>863</u>) 604-6174		S mi	26	
(Name	of Person)	(Area Code & Daytime T	'elephone Number)	1		
Enclosed is a check for the	he following amount:					
□ \$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate Certificate Certified C	of Status Copy		ed)

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

Vilnius Group LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our r Liability Company)	records.)
The Articles of Organization for this Limited Liability Compan	y were filed on 10/04/08	and assigned
Florida document number L08000094192		
Γhis amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin'L.L.C."	nited Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		8
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		FILED PR 2: 26 FIARY OF STATE HASSEE, FLORIDA
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florid	la 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, <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
MGRM	Yann Livis	106 Autumn Ridge Bedminster, NJ 07921	Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
			- Damous
D. If amend	fing any other information, enter ch	ange(s) here: (Attach additional sheets, if n	necessary.)
_			
Dated Decer	mber 1	08	PETARY OF
6	Signature of a men	nber or authorized representative of a member	LED 9 PH 2:26 OF STATE E. FLORIDA
	Millen Livis Ty	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00