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(Document Number)	
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DEC 17 2009

EXAMINER



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12/16/09--01026--010 **25.00



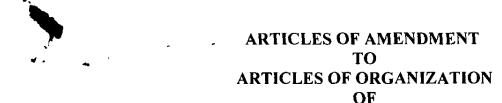
COVER LETTER

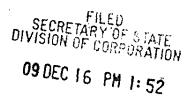
Registration Section Division of Corporations

SUBJECT:	<u>VIKO INVEST</u>	<u>MENT GROUP, LL</u>	.C			
,	Name of Limit	ted Liability Company				
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspor	ndence concerning this matter	to the following:				
		LUIS LERMA				
		Name of Person				
VIKO INVESTMENT GROUP, LLC						
		Firm/Company				
. 4636 SE 9TH PLACE, UNIT A						
<u>.</u>		Address				
	1					
						
	S.COM					
	E-mail address: (1	to be used for future annual repor	rt notification)			
For further information co	oncerning this matter, please c	eall:				
LU	IS LERMA	at (239)	540-830	00		
Name of			Daytime Telephon			
·						
Enclosed is a check for th	e following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed)	50.00 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





VIKO IN (Name of the Limited L.) (A F	IVESTMEN iability Company lorida Limited Lia	T GROUP, LL y as it now appears cability Company)	C on our records.)		
The Articles of Organization for this Limited Liab Florida document number		vere filed on	12/05/2008	and assigned	
This amendment is submitted to amend the follow. A. If amending name, enter the new name of the submitted to amend the follow.	_	ity company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Company	," the designation "LI	.C" or the abbreviation	
Enter new principal offices address, if applicable:		4636 SE 9TH F	PLACE, UNIT A_		
(Principal office address MUST BE A STREET ADDRESS)		CAPE CORAL,	FL 33904		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>0X)</u>	4636 SE 9TH F	PLACE, UNIT A FL 33904		
B. If amending the registered agent and/or registered agent and/or the new registered office			records, enter th	e name of the new	
Name of New Registered Agent:	LUIS LERMA				
New Registered Office Address:	4636 SE 9TH	636 SE 9TH PLACE, UNIT A Enter Florida street address			
	CAI	PE CORAL	, Florida	33904	
		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, thereby continue 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 Action
MGR	LUIS LERMA	4636 SE 9TH PLACE, UNIT A CAPE CORAL, EL 33904	Add Remove
MGR_	YOHAMET F PEREZ	4636 SE 9TH PLACE, UNIT A CAPE CORAL, FL 33904	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	nding any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary.) 26-3839500	
 	DECEMBER 15	2000	
Dated		mberrar authorized representative of a member	
	Т	yped or printed name of signee	

Mage 2 01 2

Filing Fee: \$25.00