## 16 600000031216

(R	equestor's	Name)	
(A	ddress)		
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(C	ity/State/Zij	p/Phone	#)
PICK-UP	□ w	AIT	MAIL
. (В	usiness En	tity Nam	e)
(D	ocument N	umber)	
Certified Copies	Cer	tificates	of Status
Special Instructions to	Eiling Offi	oor.	

A. LUNT

DEC -3 2010

**EXAMINER** 

Office Use Only



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## **COVER LETTER**

10:	Division of Corp					
SUBJE	<b>C</b> T•	GROUP, LLC				
SOBJE	CI;		ited Liability Company			
		mendment and fee(s) are sub	•			
			Paula I. Aguilar			
			Name of Felson			
O & P Tax Accounting Corp						
	Firm/Company					
	11890 SW 8TH ST, PENTOHOUSE V					
			Address			
	MIAMI, FL 33184					
	City/State and Zip Code					
		PAULA_OSO E-mail address: (	CARTAXES@BELLSOUTH to be used for future annual report notifications.	I.NET ication)		
For furt	her information co	ncerning this matter, please of	all:			
	<del></del>	la I. Aguilar	at ( 305 )	223 4747		
	Name of	Person	Area Code & Daytim	e Telephone Number		
Enclose	d is a check for the	following amount:				
\$25.4	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	l) Certified	e of Status &	
MAILING ADDRESS: Registration Section		STREET/COURI Registration Section				

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	VVM GROUP, LLC	<b>,</b>	
. (Name of t	he Limited Liability Company as it now (A Florida Limited Liability Com	appears on our record pany)	<u>s.</u> )
The Articles of Organization for this	Limited Liability Company were filed o	onMarch 31, 2	009 and assigned
Florida document numberLC	9900031216		
This amendment is submitted to ame	nd the following:		
A. If amending name, enter the ne	w name of the limited liability compa	<u>ny here</u> :	
The new name must be distinguishable "L.L.C."	and end with the words "Limited Liability	Company," the designat	tion "LLC" or the abbreviation
Enter new principal offices address	s, if applicable:		
(Principal office address MUST BE	A STREET ADDRESS)		
		·····	
Enter new mailing address, if appl	icable:		2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
(Mailing address MAY BE A POST	OFFICE BOX)		2 M
B. If amending the registered a registered agent and/or the new re	gent and/or registered office address gistered office address here:	s on our records, <u>er</u>	nter the name of the new
Name of New Registered A	gent:		
New Registered Office Add	lress:	<del></del>	
		Enter Florida stree	et 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

Dated\_

MGRM = Managing Member Title <u>Name</u> **Address** Type of Action **MGRM** PIZANI, VALENTINA 2063 SW 158 AVE ☐ Add √ Remove MIRAMAR FL 33027 US First: Leonardo A. Last : Urosa **MGRM** ✓ Add 1397 Springside Drive Remove Weston FL 33326 \_□ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

November 29

Signature of a member or authorized representative of a member

Miguel D. Brazzarola

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00