## L09000053076

(Req	uestor's Name)	
(Add	ress)	<i>,</i>
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
	ć.	
		:



900236596509

06/22/12--01004--010 \*\*60.00

2012 JUN 22 AM II: 46 SECRETARY OF STATE

Office Use Only

91/1/20/17

## **COVER LETTER**

TO: Registration Section Division of Corpor	
SUBJECT:	ViCMAR, LLC Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	nce concerning this matter to the following:
-	Victoria Sharp  Name of Person
-	Firm/Company
-	16400 Collins Ave. #TH2
-	Sunmy Tyles BEACH, FL 33160  City/State and Zip Code  VSHARP 2000 @ VAHOD, COM  E-mail address: (to be used for future annual report notification)
	erning this matter, please call:
MARINA Name of Per	Son at (619) 865 - 3364 Area Code & Daytime Telephone Number
Enclosed is a check for the fo	1
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

FILED

U	I.		
VICMAR, L	ic,	2812 JUN 22	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on Liability Company)	DUP STOREGE RY	FLORIO !
The Articles of Organization for this Limited Liability Company	were filed on 06/	01/2009	and assigned
Florida document number <u>L0900053076</u>	ŕ	/	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company."	the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	10295 Co	lling Ave	2
(Principal office address MUST BE A STREET ADDRESS)	BAL KAR	309 BOUF, FL	33154, US
Enter new mailing address, if applicable:	10295 Col	ling Ave	,
(Mailing address MAY BE A POST OFFICE BOX)	#2	09	
	BAL HARP	our, R	33154, 45
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:			<del></del>
New Registered Office Address:	,		
	Enter F	lorida street addi	ess
		, Florida	Zip Code
	City		zip Coae
Blass Hamistoned Acousta Stancesum if changing Bosistoned Acoust			

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>MGRM</u>	Victoria Shapp	16400 Collins Ave. # Surmy Isees Bleach EL 3316-0	TH2 Add Remove
			Add Remove
			Damaua
			Add Remove
			☐Add ☐Remove
		_	MAdd
· · · · · · · · · · · · · · · · · · ·		····	
D. If amendi	ng any other information, enter c	hange(s) here: (Attach additional sheets, if r	Remove
D. If amendi	ng any other information, enter c	THE RESERVE TO THE RE	Remove

Page 2 of 2

Filing Fee: \$25.00