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SECRETARY OF STATE
AHASSEE FI OBIT

J. BRYAN

FEB 1 8 2009

EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJE	CT:	VIF DE	RINKS, LLC.		
		Name of Limit	ed Liability Company		-
The end	closed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
			Heather Perry		
			Name of Person		
		Moraitis	s, Cofar, Karney & Mor	aitis	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company		_
915 Mi		ddle River Drive, Suite	506	TEGREE T	
			Address		ASS.
Fort		Lauderdale, FL 33304		EB 17 AM 11: 45 RETARY OF STATE AHASSEE, FLORIC	
			City/State and Zip Code		S A S I
		E-mail address: (t	perridog4@aol.com o be used for future annual report	t notification)	
For fur	ther information co	ncerning this matter, please ca	all:		
	Hea	ather Perry	at (_954_)	563-4163	
Name of Person		Area Code & D	aytime Telephone Nur	mber	
Enclose	ed is a check for the	e following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	Certi closed) Certi	Filing Fee, ficate of Status & ified Copy itional copy is enclosed)
	MAJLI	NG ADDRESS:	STREET/CO	DURIER ADDRES	S:

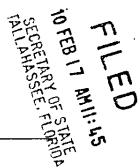
TO:

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

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

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIF DRINKS, LLC



Zip Code

(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appear iability Company)	s on our records.)	A STEEL STEE
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	July 27, 2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
VIF DRINKS AND MER	CHANDISING,	LLC	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	915 Middle River Drive, Suite 506		
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderda	ale, FL 33304	
Enter new mailing address, if applicable:	915 Middle R	iver Drive, Suite 5	06
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33304		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter th</u>	ne name of the nev
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street addr	ress
		Florida	

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.

City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<u> </u>	Remove
			Damaria
			□ Pamaya
		(D D amous
D. If amend	ding any other information, ente	er change(s) here: (Attach additional sh	eets, if necessary.)
_			FEB 17 AMI GRETARY OF SAHASSEE, FI
			II: 45
Dated	February 10	, 2010	
	Signature of	a member or authorized representative of a r	,
	L'impetium of	remainment of outposts an expension of a r	

Page 2 of 2

Filing Fee: \$25.00