

Division of Corporations

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Florida Department of State  
Division of Corporations  
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## To:

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## From:

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Phone : (323) 962-0600  
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VIP PREMIUM BLENDS LLC

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T. HAMPTON

SEP 18 2009

EXAMINER

**FAX COVER SHEET**

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**TO**

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**COMPANY**

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**FAX NUMBER** 18506176383

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**FROM** Tony Burroughs

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**DATE** 2009-09-16 14:48:54 PDT

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**RE** Please file with FL SOS

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**COVER MESSAGE**

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Tony Burroughs | Special Filings Specialist Business Special Filing 323.962.8600 x862 |  
Fax 323.337.0742 | tburroughs@legalzoom.com www.legalzoom.com | 7083 Hollywood  
Blvd., Suite 180, Los Angeles, CA 90028

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Sent: Wednesday, September 16, 2009 8:27 AM

To: Tony Burroughs

Subject:

This document was digitally sent to you using an HP Digital Sending device.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VIP PREMIUM BLENDS LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tony Burroughs  
(Name of Person)

Legalzoom.com, Inc.  
(Firm/Company)

7083 Hollywood Blvd., Suite 180  
(Address)

Los Angeles, CA 90028  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tony Burroughs at ( 323 ) 962-8600  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
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**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

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DIVISION OF CORPORATIONS

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

VIP PREMIUM BLENDS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/14/2009 and assigned  
Florida document number L09000078302.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Chris Cramer

New Registered Office Address: 5611 Rowan Road

(Enter Florida street address)

New Port Richey, Florida 34653

(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)

Chris Cramer


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

Title	Name	Address	Type of Action
MGR	THOMAS PAINTER	11920 31ST CT. N. ST. PETERSBURG FL 33716	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Chris Cramer	11920 31st Ct. N. St. Petersburg, FL 33716	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 9/9/09, 2009

  
Signature of a member or authorized representative of a member  
THOMAS PAINTER, Manager  
Typed or printed name of signee

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Filing Fee: \$25.00

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