Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIP PREMIUM BLENDS LLC

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EXAMINER

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FAX COVER SHEET

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COMPANY		
FAX NUMBER	18506176383	
FROM	Natalja Karniouchina	
DATE	9/16/2011 2:06:27 PM PDT	
RE	VIP Premium Blends LLC	

COVER MESSAGE

Natalja Kamiouchina Legal Document Preparation Specialist nkarniouchina@legalzoom.com www.legalzoom.com | 101 N. Brand Blvd., 10th Floor, Glendale, CA 91203

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SECRETARY OF STATE
SALI AHASSEF, FLORID

COVER LETTER

SUBJECT: VIP PREMIUM BLENDS LL	C	
(Name of	Limited Liability Company)	\$102 2
	:	ES &
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.	P 13
Please return all correspondence concerning this m	atter to the following:	SEE ST
		70
Barbara Dang		93
	(Name of Person)	<u> </u>
Legalzoom.com,	Inc.	, ,-
	(Firm/Company)	
100 M. Brandtun	u Puite 100	
100 W. Broadway	(Address)	***************************************
Glendale, CA 91		<u> </u>
	(City/State and Zip Code)	
For further information concerning this matter, plet	nse call	
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Barbara Dang	at (323) 962-8600	
(Name of Person)	(Area Code & Daytime Telep	hone Number)
Enclosed is a check for the following amount:	•	
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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

Cliffon Building
2661 Executive Center Circle
Tallahassee, PL 32301

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

Florida document number <u>L09000078302</u>		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	here:
The new name must be distinguishable and end w	ith the words "Limited Liability C	ompany," the designation "LLC" or the abbreviation
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the ne
Name of New Registered Agent:	Thomas Painter	
New Registered Office Address:	11920 31st Ct. N	
	(Enter Florida street address)	
	St. Petersburg	Florida 33716
	(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)

Thomas Painter

Page 1 of 2

MGR = Mar MGRM = M	nager lanaging Member	: ,	
Title	Name	Address	Type of Action
MGR_	Chris Cramer	11920 31ST CT. N. ST. PETERSBURG FL 3371	Add 6 US 7 Remove
MGR	Thomas Painter	11920 31st Ct. N ST. PETERSBURG FL 3371	☐ Add Remove
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			AddRemove
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D. If amendi	ing any other information, enter cl	range(s) here: (Attach additional sheets, if	necessary.)
			SECRI
Dated	<u>\$/</u> 3G . 2	011	EP 19 AH 2: ELARY OF STATASSEE. FLOR
	Signature of a me Sandra Stockman-Painter	a M. Alacknin) mber or authorized representative of a member	

Filing Fee: \$25.00