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| (Req | uestor's Name) | | | | | |
|---|-----------------|------|--|--|--|--|
| (Address) | | | | | | |
| (Add | ress) | | | | | |
| (City | /State/Zip/Phon | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Bus | iness Entity Na | me) | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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STROSS LAW FIRM, P. A.

REAL ESTATE LAW • TITLE INSURANCE • BUSINESS & ESTATE PLANNING

Howard C. Stross *†‡
Dwayne F. Jotch

hstross@strosslaw.com djotch@strosslaw.com

August 10, 2010

File #2997

Registration Section Division of Corporations PO Box 6327 Tallahassee FL 32314

RE: V-Ville, LLC

To Whom It May Concern:

Enclosed please find the Articles of Amendment to the Articles of Organization of the above referenced entity to be filed, together with a check from E. J. Plesko & Associates, Inc. in payment of the filing and certified fees.

If you have any questions regarding these items, please contact us at 813-852-6500. Thank you.

Sincerely,

STROSS LAW FIRM, P.A.

Kimberly Taulbee

Administrator/Paralegal

KMT/slc

Enclosures

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COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

| Division of Co | rporations | | | | | | | |
|---------------------------|--|---|---|--|--|--|--|--|
| SUBJECT: | V-' | Ville, LLC | | | | | | |
| | Name of Limited Liability Company | | | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | | | | |
| | | E.J. Plesko | | | | | | |
| | | Name of Person | | | | | | |
| | E.J. F | E.J. Plesko & Associates, Inc. | | | | | | |
| | | Firm/Company | | | | | | |
| | 6515 Gi | 6515 Grand Teton Plaza, Suite 300 | | | | | | |
| | Address | | | | | | | |
| | - · · · · · · · · · · · · · · · · · · · | Madison, WI 53719 | | | | | | |
| | | City/State and Zip Code | | | | | | |
| | E-mail address: (| gleiter@ejplesko.com to be used for future annual report no | otification) | | | | | |
| For further information | concerning this matter, please c | all: | | | | | | |
| Becky Gleiter | | at (_608) | 833-7600 | | | | | |
| Name of Person | | Area Code & Daytime Telephone Number | | | | | | |
| Enclosed is a check for | the following amount: | | | | | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | ✓\$55.00 Filing Fee & Certified Copy (additional copy is enclo | \$60.00 Filing Fee, Certificate of Status & Sed) Certified Copy (additional copy is enclosed) | | | | | |
| Regis: Divisi | LING ADDRESS: tration Section on of Corporations Box 6327 | STREET/COU Registration Sec Division of Cor Clifton Building | porations | | | | | |

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

10 AUG 13 PM 3: 22

| (Name of the Limited | V-Ville Liability Compa Florida Limited L | , LLC ny as it now appear iability Company) | SEUNETAR s on our rédokak)ASS | Y OF STATE SEE, FLORIDA | | |
|--|--|---|----------------------------------|----------------------------|--|--|
| The Articles of Organization for this Limited L Florida document numberL0900011 | • • • | were filed on | 11/25/2009 | and assigned | | |
| This amendment is submitted to amend the foll | owing: | | | | | |
| A. If amending name, enter the new name o | f the limited liab | ility company her | <u>e</u> : | | | |
| The new name must be distinguishable and end wi "L.L.C." | th the words "Limi | ted Liability Compa | ny," the designation "L | LC" or the abbreviation | | |
| Enter new principal offices address, if applicable: | | 6515 Grand Teton Plaza, Suite 300 | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | Madison, WI 53719 | | | | |
| Enter new mailing address, if applicable: | | 6515 Grand T | eton Plaza, Suite | 300 | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | Madison, WI 53719 | | | | |
| B. If amending the registered agent and registered agent and/or the new registered o | | | our records, <u>enter t</u> | he name of the new | | |
| Name of New Registered Agent: | Stross Law Firm, P.A. | | | | | |
| New Registered Office Address: | 1801 Pepper Tree Drive Enter Florida street address | | | | | |
| | | Oldsmar | , Florida | 34677 | | |
| | - | 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. HAM CASIOEN OF ITS FEESIOEN II Chayging Registered Agent

Page¹1 of 2

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** Address Type of Action <u>Name</u> MGRM Arrow Holdings 4811 S 76th Street Suite 211 ☐ Add Remove Greenfield, WI 53220 MGRM E.J. Plesko 6515 Grand Teton Plaza, Suite 300 **✓** Add Madison, WI 53719 Remove ☐ Add Remove ☐ Add Remove $\prod Add$ Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Signature of a member or authorized representative of a member . Plesko Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00