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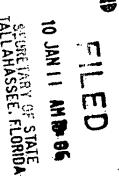
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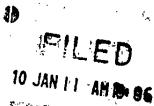
TO: Registration Section Division of Corporations						
SUBJECT: Vivcas Marketing LLC. Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Rene Vivo Name of Person						
VivCar Matheting, LLC. Firm/Company						
7545 West 24th Ave, 5-100						
Hialeah, FL 33016 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Name of Person at (305) 817-8899 Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$						

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 OF



			AT ROOM	
(Name of the Limited Li (A F	MANKE ability Company as it lorida Limited Liability	now appears on our reco	CALLAHASSEE, FLORIDA	
The Articles of Organization for this Limited Liab Florida document number _ LOQ())	oility Company were f	1	and assigned	
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liability co	mpany here:		
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liab	pility Company," the desig	nation "LLC" or the abbreviation	
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		ldress on our records,	enter the name of the new	
Name of New Registered Agent:	Rene	Vi v o		
New Registered Office Address:				
	Enter Florida street address			
	City	, Flo	orida 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

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		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGP	h Billy Cars	00 7545 W. 24th Are S-100 Higherh, FL 33016	Add
MGR	Evelyn Vivo	7545 W 24th Ave 5-100 Highen FL 33016	Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
D. If am	nending any other information, e	nter change(s) here: (Attach additional sheets, if nec	essary.)
			TALE OF THE PART O
			ARY OF SI
Dated	January 7	_, 2010.	S TATE ORIBA
	Signature Rene	of a member or antiforized representative of a member Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00