## Marida Department of State Privision of Gorgo rations Hierarchic Filbus Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000068864 3)))



H100000588643ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PAUI

: PAUL SALVER, P.A.

Account Number : 120020000087

: (954)389-1333

Fax Number .

: (954)389-1397

AM 9: 07

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Desil.	Address:	
cma11	ACCTEBB:	

NECEIVED

MAR 26 PH 12: 57

ECRETARY OF STATE

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

D. BRUCE

MAR 29 2010

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VEC	T Investors, LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appear a Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability	• • • • • • • • • • • • • • • • • • • •	1/5/2010	and assigned
Florida document numberL1000001202	<del></del>		•
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lir</u>	the following:  name of the limited liability company here:  d end with the words "Limited Liability Company," the designation "LLC" or the abbreviation  f applicable:  STREET ADDRESS)  ble:  FFICE BOX  nt and/or registered office address on our records, enter the name of the new tered office address here:		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	·		
(Principal office address MUST BE A STREET ADD	PRESS)		<b>;;;;</b>
÷			
			سينجين الآح التول
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			-71
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		ur records, <u>enter</u>	
Name of New Registered Agent:			····
New Registered Office Address:			
	Enter Florida street address		
	Cit	Florida	7:- Cod-
,	City		zip Coae

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:

• - -

(GR ≈ Mai (GRM = M	nager Janaging Member		
<u>itle</u>	Name	Address	Type of Action
<del></del>			Add Remove
	<u> </u>	<u> </u>	Add Remove
			Add Remove
			Add . Remove
<del></del>			Add Remove
			Add Remove
If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	<b>1</b> 0
	icle V: spelling of MGRM's first na tencourt	ame is corrected as follows: ARNOLDO	MAR 29 A
			AH 9: 07 OF STATE E. FLORID
ed	3/26 20	10	<b>7</b>
į.		or authorized representative of a member	
	Ar	noldo Vetencort or printed name of signee	<del>.</del>

Page 2 of 2

Filing Fee: \$25.00