

L10000007434 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

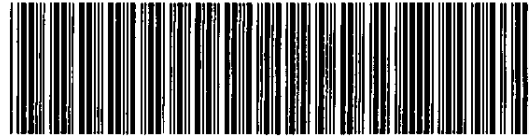
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
NOV 22 2011  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** VK VIBROKINESIS, PLLC  
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:

KENNETH JOSE CHIRINOS  
Name of Person

VK VIBROKINESIS  
Firm/Company

1165 NW 166ST  
Address

NORTH MIAMI FL 33168  
City/State and Zip Code

VIBROKINESIS@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENNETH CHIRINOS at (305) 494 1744  
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 enclosed)  
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

STATE  
TALLAHASSEE, FLORIDA  
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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

VK VIBROKINESIS, PLLC

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

11/4/2011

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned Florida document number L10000007434.

This amendment is submitted to amend the following:

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

VK VIBROKINESIS, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

MGR, KENNETH JOSE CHILKINS

New Registered Office Address:

1165 NW 186ST

Enter Florida street address

NORTH MIAMI

City

Florida

33168

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

**MGR = Manager**  
**MGRM = Managing Member**

[illegible][illegible]

11/20/2011

KENNETH JOSE CHIRINOS

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 10, 2011

KENNETH JOSE CHIRINOS  
VK VIBROKINESIS  
1165 NW 126 STREET  
NORTH MIAMI, FL 33168

SUBJECT: VK VIBROKINESIS, PLLC  
Ref. Number: L10000007434

We have received your document for VK VIBROKINESIS, PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

PAGE 2 OF 2 MISSING

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 511A00025616