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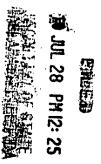
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S. HAWKES

JUL 2 9 2010

EXAMINER

COVER LETTER

SUBJECT:	VIP DI	AMOND CLUB, LL	_C
· · · · · ·		Limited Liability Company	
The enclosed A	Articles of Amendment and fee(s) ar	e submitted for filing.	
Please return a	all correspondence concerning this n	atter to the following:	
		ALEX BURRLAD	ER
		Name of Person	
		VIP DIAMOND CLUE	3, LLC
		Firm/Company	
	1	8090 Collins Ave Su	ite T-10
		Address	
		Miami Florida 331	160
		City/State and Zip Coo	
•		albu27@msn.co	m
			ual report notification)
For further inf	ormation concerning this matter, ple	ase call:	
-	Alex Burrlader	at (305)	725-8799
•	Name of Person	Area C	ode & Daytime Telephone Number
Enclosed is a	check for the following amount:		
\$25:00 Fili	ing Fee \$\sum \$\\$30.00 \text{ Filing Fee & Certificate of State}		Certificate of Status &
	MAILING ADDRESS: Registration Section Division of Corporations	Regis	EET/COURIER ADDRESS: tration Section ion of Corporations
r	P.O. Box 6327 Tallahassee, FL 32314	Clifto 2661	n Building Executive Center Circle nassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

V.	IP DIAMOND CLUB, LLO	.	
(Name of the Limite)	I Liability Company as it now appea A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited L Florida document number L1000001		02-10-2010 and assig	med
This amendment is submitted to amend the fol	lowing:	PA	
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :	م
	N/A		
The new name must be distinguishable and end w "L.L.C."	th the words "Limited Liability Comp	any," the designation "LLC" or the abl	breviatio
Enter new principal offices address, if appli	cable: N/A		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of	the nev
- Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A	nter Florida street address	 .
المنافق المنافق المنافق المنافق المنطقة المنافقة		Florida	
	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 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 Type of Action **Name Address** KIPERMAN ELI 18090 Collins Ave Suite T-10 Rémove Miami Florida 33160 BURRLADER, ALEX C 18090 Collins Ave Suite T-10 Miami Florida 33160 **MGR** RUCHKIN, MAX A 18090 Collins Ave Suite T-10 Miami Florida 33160 Add Remove □Add Remove \square Add □Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member ALEX BURRLADER Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00