# L10000042957

(F	Requestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
<b>(</b> B	Business Entity Name)	
(C	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
		A

Office Use Only

B. KOHR MAR 1 2012

**EXAMINER** 



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02/27/12--01040--010 \*\*25.00

12 FEB 27 PHIZ: 21

SECRETARY OF STATE OF STATE OF CORPORATIONS

23586 Calabasas Rd. Suite 102 Calabasas, CA 91302 Toll-Free: 888-692-6778 | Fax: 818-879-8005 Email: customerservice@mycorporation.com

## ROUTINE SERVICE FILING REQUEST

February 13, 2012

Division of Corporations Florida Department of State Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Amendment: Vica Group LLC

Ladies and Gentlemen:

Please find enclosed for filing amendment documents for the above referenced entity.

Also enclosed is a check for filing fees.

Please return the filed documents to the address below.

Thank you for your assistance.

Sincerely,

My Corporation 23586 Calabasas Rd., Suite 102 Calabasas, California 91302

PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO THE POST FORMATIONS DEPARTMENT AT 877-692-6772.



## **COVER LETTER**

	gistration Section vision of Corporations	
SUBJECT:	VICA GROUP LLC	
	(Name of Limited Liability Company)	
The enclosed	d Articles of Amendment and fee(s) are submitted for filing.	OINIO
Please return	n all correspondence concerning this matter to the following:	ON SECRET OF CORPOR 21:04
	Post Formation Filings	- 13 OFF
	(Name of Person)	TO THE
	MyCorporation	2
	(Firm/Company)	
	23586 Calabasas Rd., Suite 102	
	(Address)	
	Calabasas, California 91302	
	(City/State and Zip Code)	
For further in	nformation concerning this matter, please call:	
Post Forn		
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a	a check for the following amount:	
<b>√</b> \$25.00 Fi	iling Fee \$\ \text{\$\text{\$\text{S}}}\$30.00 Filing Fee & \$\ \text{\$\text{\$\text{\$\text{\$\text{Certificate of Status}}}}\$}\$  Certificate of Status \$\text{\$\text{\$\text{Certified Copy}}\$}\$  (additional copy is enclosed)  \$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\$\text{\$\tins}\$\$\$}\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\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

	VICA GROUP LLC	<b>3</b> 80 5 1
(Name of the Limited L (A F	iability Company as it now appears on our lorida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab	pility Company were filed on 04/21/201	
Florida document number <u>L10000042957</u>		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and end with L.L.C."	the words "Limited Liability Company," the	designation "LLC" or the abbreviation
3. If amending the registered agent and/or egistered agent and/or the new registered office	O .	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Flor	ida street address)
	•	. 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 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
MGRM	Danny Carranza	2909 Shoma Drive West Palm Beach, FL 33414	Add Remove
			Add Remove
			Add Remove
			Add Remove
<del> </del>			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
_			
<del>-</del>			_
Dated	February 16, 20	er or authorized representative of a member	
	Danny Carranza, Managing Mem		
	Турес	or printed name of signee	
		Page 2 of 2	
	T.	iling Fee: \$25.00	