L100000 57765

(Re	equestor's Name)	
(Ad	Idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400272139704

04/27/15--01017--006 **25.00

15 APR 27 AM 10: 44
SECRETARY OF TORROR

A SHEVERS MAY 0 1 2015

COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJE	VLPB Inve	estments, LLC		
SUBJE	.c.:	Name of Limit	ed Liability Company	
The end	closed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please	return all correspond	lence concerning this matter t	o the following:	
		Eugene F. Pollingue	, Jr.	
			Name of Person	
		Arnstein & Lehr, LLP		
			Firm/Company	
		515 North Flagler Dr	ive, Suite 600	
			Address	
		West Palm Beach, F	lorida 33401	
			City/State and Zip Code	
		efpollingue@arnstein	.COM o be used for future annual report notifica	tion)
F C			·	uon)
ror iur	ther information cor	cerning this matter, please ca		
Euge	ene F. Pollingue	e, Jr. 	561 833-9800 at ()	
	Name of I	Person	Area Code Daytime To	elephone Number
Enclose	ed is a check for the	following amount:		
\$2:	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

VLPB Investments, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our re- Liability Company)	cords.)
The Articles of Organization for this Limited I	Liability Company	were filed on May 27, 20	and assigned
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and end with th	e words "Limited Liab	oility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	515 North Flagler Di	rive, Suite 600
(Principal office address MUST BE A STRE	ET ADDRESS)	West Palm Beach, F	Florida 33401
Enter new mailing address, if applicable:		515 North Flagler Dr	rive, Suite 600
(Mailing address MAY BE A POST OFFICE	E BOX)	West Palm Beach, F	Florida 33401
B. If amending the registered agent and registered agent and/or the new registered			ords, enter the name of the ne
Name of New Registered Agent:	Eugene F.	Pollingue, Jr.	SSR 27 Profes
New Registered Office Address:	515 North F	lagler Drive, Suite 600	
		Enter Florida street aa	ldress E
	West Palm		, Florida 33401
		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 605, 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 For J Polecy of New Registered Agent company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or . Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sigrun Kaliwoda	515 North Flagler Drive, Suite 600	Add
		West Palm Beach, Florida 33401	□ Remove
			Add
			Remove
			☐ Remove
		Ar Ar Ar	15 AP
		ASSECTION ASSECT	Removes
		() () () () () () () () () ()	0.5
			Remove
			Add
			□ Remove

	Either Mahager may act in behalf of the limited liability company in all respects independently and without the joinder or concurrence of the other Manager.		
(The et	ctive date, if other than the date of filing: (optional) ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after		
Date	ate this document is filed by the Florida Department of State)		
Dato	Spen- Wallemale		
	Signature of a member or authorized representative of a member Sigrun Kaliwoda		
	Sigrun Kaliwoda Typed or printed name of signee		
	Eugene F. Pollingue, Jr.		

Page 3 of 3

Filing Fee: \$25.00

15 APR 27 AM 10: 44