L10000089808

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S. HAWKES

SEP 0 2 2010

EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJECT: VMG Consulting Partnership LLC					
3 0 D 0 1			ted Liability Company		
The en	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			Alan J. Marcus, Esq.		
			Alan J. Marcus, P.A.	· •	
20803 BISC		AYNE BOULEVARD, SU	ITE 301		
		A	VENTURA, FL 33180 City/State and Zip Code		
		ALAN E-mail address: (@ALANJMARCUS.COM to be used for future annual report no	tification)	
For fur	ther information	concerning this matter, please c	eall:		
		N J. MARCUS	at (<u>305</u>)	937-1800	
	Name	of Person	Area Code & Day	lime Telephone Number	
Enclos	ed is a check for	the following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VMG Consulting Partnership LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	any were filed on _	August 26, 20	010 and assigned
Florida document numberL10000089808			8-
This amendment is submitted to amend the following:			五二百
A. If amending name, enter the new name of the limited l	iability company h	<u>nere</u> :	REFERENCE OF STATE OF
The new name must be distinguishable and end with the words "L. "L.L.C."	imited Liability Con	npany," the designati	on "LL the Moreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		 .
Enter new mailing address, if applicable:	"		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		our records, <u>en</u>	ter the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
, Florida		a Zip Code	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and a			r agree to comply with

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 = Mai MGRM = M	nager lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Martini Ofsowitz, Michael Amilio	1348 Washington Avenue Suite 220 Miami Beach, FL 33139	Add Remove
MGRM	Martini Ofsowitz, Michael Emilio	1348 Washington Avenue Suite 220	
		Miami Beach, FL 33139	Add Remove
			Add Remove
			AddRemove
D. If amend	ing any other information, enter change(s	s) here: (Attach additional sheets, if necessar	y.)
	•	ne from Amilio to Émilio	
_			
Dated	August 31, 2010	tantund	
		r authorized representative of a member What was a signed of sign	
		Page 2 of 2	

Filing Fee: \$25.00