1-L10000117283

Special Instructions to Filing Officer:

A. LUNT

FEB - 8 2010

EXAMINER

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SEUNCTARY OF STAT
FALLAHASSEE, FLORI

COVERLETTER

TO: Registration Division of 0	n Section Corporations		
SUBJECT:	WM	MNALLC	
Source:		ed Liability Company	
	of Amendment and fee(s) are subi spondence concerning this matter t	_	·
	W	ILLIAME HELLUMS	
		Name of Person	2011 FEB
		Firm/Company	
	424 LL	424 LUNA BELLA LN. APT 413	
		Address	B-3 PH 2: 49 HASSEE, FLORID
	NEWSN	MRNA BEACH, FL 32168 City/State and Zip Code	
	VIMI	INA@HOTMAILCOM	
For further information	F-mill address: (to n concerning this matter, please ca	be used for future armual report notifica	
WILL	JAME HELLUMS	at (386)	60 7607
Nan	e of Person	Area Code & Daytime	
Enclosed is a check fo	ir the following amount:		
\$25.00 Filing Fee	S30.00 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)
Reg Divi P.O	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COURIE Registration Section Division of Corporati Clifton Building 2661 Executive Cento Tallahassee, FL 3230	ons ' er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VMTIN			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	11/10/2010	and assigned
Florida document number <u>L10000117283</u> .			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company hen	<u>e</u> :	
The new name must be distinguishable and end with the words "Limi" "L.L.C."	ited Liability Compar	ny," the designation	"LEC," or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			88 6
			m 2 m
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
B. If amending the registered agent and/or registered of	fice address on o	ur records <i>e</i> nter	the name of the new
registered agent and/or the new registered office address her		ur records, <u>emer</u>	the matter of the move
Name of New Registered Agent:			
New Registered Office Address:			
	Ento	er Florida street ac	ldress
		, 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 amfamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this abcument 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MCR=Manager MGRM=Managing Member Title **Address** Type of Action Name MORM Christopher E. Hellums 9463 JEFFERSON DAMS HWY ☑ Add ☐ Remove PEMBROKE KY 42266 MORM Lori L. Hopkin 4385 DEERING ST. ✓ Add MARIANNA FL 32446 ☐ Remove Shaun M Hallums MORM Arkdd ∐Remove 424 LUNA BELLALN APT 413 NEWSMYRNA BEACH, FL MORM Lisa N. Nigh 1611CCRYANFLACE FTPOLK LA71459 ∏acid Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 1/31 2011 Dated____ In 5 Uck

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Filing Fee: \$25.00

Signature of a member or authorized representative of a member

William E. Hellums

Typed or printed name of signee