# 4100005103

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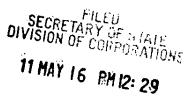
## **COVER LETTER**

TO:	Registration So Division of Co	
CHIDI	FCT.	VTK SYSTEMS, LLC  Name of Limited Liability Company
SUBJ		Name of Limited Liability Company
The en	closed Articles of	Amendment and fee(s) are submitted for filing.
Please	return all correspo	ondence concerning this matter to the following:
		WITOLD MALEC  Name of Person
		Name of Person
		VTK SYSTEMS, LLC Firm/Company
		2855 MUSKEGON WAY
		Ocity/State and Zip Code  Gmerchat @ Comcolst. net  E-mail address: (to be used for future annual report notification)
		City/State and Zip Code
		Email address: (to be used for future annual report partification)
For fur	ther information of	oncerning this matter, please call:
wit	OLD M	
	Name o	f Person Area Code & Daytime Telephone Number
Enclos	ed is a check for the	ne following amount:
\$25	5.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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



		- 49	
VTK 5Y5	TEMS, LLC		
(Name of the Limited Lial	TEMS, LLC bility Company as it now appears e rida Limited Liability Company)	on our records.)	
(A Flor	rida Limited Liability Company)		
The Articles of Organization for this Limited Liability	ity Company were filed on	12 2011 and assigned	
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company	"," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	• •		
(Principal office address MUST BE A STREET A	DDRESS)		
	<del></del> .		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	o		
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new	
Name of New Registered Agent:			
Traine of from Registered Figure.		<u> </u>	
New Registered Office Address:	Forter		
	Enter Florida 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	WITOLD MALEC	NEST PALM BEACH, FL 3	I I Remove
			Add Remove
			Add Remove
			Add Remove
<del> </del>			Add Remove
			Add Remove
D. If amer	nding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.	)
- - -			SECRETARY OF SOUPLISION OF CORPORTION OF COR
Dated		<u>O11</u>	51436 DRATIONS —
	Gna.	ye much	
	Signature of a mem	iber or authorized representative of a member	
	Typ	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00