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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H110001395193)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ISAAC MATZ P.A., C.P.A.

Account Number : I20040000029 Phone : (305)573-6640

Fax Number : (305)675-6200

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VINE-CRAFT, LLC

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ISAAC MATZ PA CPA SECRETARY OF STATE

27 FAX AUDIT NUMBER: 4110001395193

11 MAY 25 AM & 17

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIV	NE-CRAFT, LLC		
(Name of the Limited Liabili (A Florid	ty Company as it now appearable Limited Liability Company)	ers on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	04/29/2011	and assigned
Florida document number L11000051249	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			<u></u>
(Principal office address MUST BE A STREET ADD	RESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, <u>enter t</u> l	e name of the new
Name of New Registered Agent:			
New Registered Office Address:		·	
	Ēr	nter Florida street addr	ess
	- -	, 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.

Prepared by; Isaac Matz PA 2742 Biscayne Blvd Mlanti, Fl. 33(37 Tel (305) 573-6640 Fax (305) 675-6200

If Changing Registered Agent, Signature of New Registered Agent

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FAX AUDIT NUMBER: 411 000 139 5193

FAX AUDIT NUMBER: 4110001395193

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
MGR	ERIC DUBOURG	107 EAST 31ST STREET, SUITE 9 NEW YORK, NY 10016	Add Remove
<u>MGRM</u>	ERIC DUBOURG	107 FAST 31ST STREET, SUITE 9 NEW YORK, NY 10016	Add Remove
MGRM	FLORENT BLANCHE	4568 POST AVENUE MIAMLBEACH, FL 33140	
			Add Remove
			Add
ye, and			Add Remove
D. If amend	ling any other information, er	nter chango(s) here: (Attach additional sheets, if necessar)	s.)
			DIVISION OF C
Dated	MAY 25TH	. 2011	TARY OF STOFF CORPOR
	Signature o	f a member or authorized representative of a member	—— 7
	······································	FLORENT BLANCHET Typed or printed name of signee	<i>_</i>
arrat by:		-3 pag or printed minic of signer	

Prepared by: Isaac Main PA 2742 Biscayne Blvd Mlami, FL 33037 Tel (305) 573-6640 Fax (305) 675-6200

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