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D. BRUCE
SEP 2 0 2011
EXAMINER

COVER LETTER ...

Division of Co	orporations			
SUBJECT:	VPCR I	nvestments LLC		
	Name of Lin	nited Liability Company		-
The enclosed Articles of	of Amendment and fee(s) are su	ibmitted for filing.		
Please return all corresp	pondence concerning this matte	er to the following:		
		Tony Vitale		_
		Name of Person		
		PCR Investments LL0	<u> </u>	_
		Firm/Company		
	2333	Brickell Avenue, Suit	e D1	
		Address		-
		Miami, FL, 33129		
		City/State and Zip Code		SEP CAHA
	F-mail address	imato65@hotmail.com (to be used for future annual rep	nort notification)	SS - CSS
For further information	concerning this matter, please	•	on iomidation,	Y OF SI
	Tony Vitale	at (_561)_	5024458	D 2: 44 STATE CORID
Name	of Person		t Daytime Telephone Numb	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Certific enclosed) Certific	Filing Fee, cate of Status & ed Copy onal copy is enclosed)
	LING ADDRESS:		COURIER ADDRESS:	
Registration Section Division of Corporations P.O. Box 6327		Registratio Division of Clifton Bui	f Corporations	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	VPCR Investments LLC			
(<u>Name of the Limite</u> (d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited 1	Liability Company were filed on	May 02-2011	and assigned	
Florida document number L1100005	51718			
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	any," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>		
		;	H	
Ender and the state		ASS		
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE	<u> </u>	<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the	•	
Name of New Registered Agent:	Rafael I Utrera			
New Registered Office Address:	2333 Brickell Avenue, Suit	e D1		
	Enter Florida street address			
	Miami	, Florida	33129	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> Address **Type of Action** Claudia E. Utrera MGR 2333 Brickell Avenue Suite D1 ☐ Add √ Remove Miami, FL, 33129 ☐ Remove ☐ Add ☐ Remove Add Remove ∏Add Remove ___Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 Dated Signature of a member or authorized representative of a member Rafael Utrera

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00