

L11000065322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

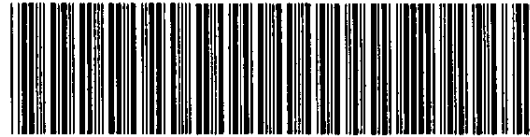
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 11 2013

J. BRYAN

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Change Name of Manager & Agent  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clara Ortiz / Tina Hyde  
Name of Person

Vicant Group LLC  
Firm/Company

20335 W. Country Club Dr #1107  
Address

Aventura 33180  
City/State and Zip Code

tina.hyde@hotmail.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Tina Hyde at (786) 319-6052  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                        |                                                                                                  |                                                                                                                            |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Vicant Group 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 Company were filed on 06/03/2011 and assigned  
Florida document number L11000015322.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

20335 W. Country Club Dr  
# 1107  
Aventura FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Tina Hyde

New Registered Office Address:

20335 West Country Club Dr. #1107

*Enter Florida street address*

Aventura

*City*

, Florida

33180

*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.*

Tina Hyde

If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**MGRM = Managing Member**

Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The name Clara A. Ortiz Change her name for  
Tina Hyde still the same person, Just change  
her name.

Dated 08/19/13

Tina Hyde

Signature of a member or authorized representative of a member

Tina Hyde

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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