## L110000080399

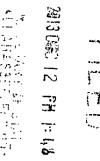
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

VOSH, LLC

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:

Gladis Elena Diaz

Name of Person

Glades Corporate Services, LLC

Firm/Company

1940 Wilson Street

Address

Hollywood-FL 33020

City/State and Zip Code

ediaz@gladescs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gladis Elena Diaz

<u>,,</u>754,423-0558

Name of Person

Area Code & Daytime Telephone Number

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 enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
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

VOSH, LLC						
(Name of the Limited (A	Liability Compa Florida Limited	ny as it now appe Liability Company)	ars on our records.	)		
The Articles of Organization for this Limited Li Florida document number L11000080399	ability Company	were filed on 07	7/13/2011	a	ınd assig	ned
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	the limited liab	oility company he	e <u>re</u> :			
N/A						
The new name must be distinguishable and end wit "L.L.C."	h the words "Lim	ited Liability Comp	pany," the designation	on "LLC" (	or the abl	oreviation
Enter new principal offices address, if applications	able:	N/A				
(Principal office address MUST BE A STREE	T ADDRESS)				177	
	_			7.1		****
				· ·	12	************
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		N/A		, 23		·~ <sub>{</sub> .
				1 3 = 4		*****
<u> </u>	<u> </u>				.5m 553	<del></del>
B. If amending the registered agent and/oregistered agent and/or the new registered of			our records, ent	er the n	ame of	the nev
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
		E	inter Florida street	address		
			, Florida	ì		
		City		Zij	o Code	
New Registered Agent's Signature, if changing F	Registered Agent:	<u>.</u>				

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rosenblatt, Victor A	1825 Main Street	Add
		Weston, FL 33326	Remove
MGR	ROSENZWEIG, SUSANA	1825 Main Street	
		Weston, FL 33326	Remove
MĠR	Glades Corporate Services, LLC	1940 Wilson Street	Add
		Hollywood, FL 33020	Remove
	4-14-30A		Add
		7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Remove
			Remove
			Add
			Remove

) <sub>,</sub> II 8	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	12-06-2013 2013
	RESUMANE/=
	Signature of a member or authorized representative of a member
	ROSENZWEIG, SUSANA /
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

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