

L 1100083897

08-23-'11 11:28 TO 1850 176383 FROM SIEGELAUB PA, INC PO 01/0004 T-446 F-567

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H11000209101 3)))



H110002091013ABCP

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : SIEGELAUB, GOLDING, & FELLER, P.A.
Account Number : I19990000058
Phone : (954) 753-2222
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11 AUG 23 AM 9:28
DIVISION OF STATE
PALM BEACH, FLORIDA

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VASHA MANAGEMENT, LLC

Certificate of Status	0
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Page Count	03 4
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K. SALY
EXAMINER
AUG 24 2011

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08-23-'11 11:28 TO- 18506176383

FROM- SIEGELAUB PA, INC

P0002/0004 T-446 F-567



August 23, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VASHA MANAGEMENT, LLC
8001 N. COLONY CIRCLE
TAMARAC, FL 33321US

SUBJECT: VASHA MANAGEMENT, LLC
REF: L11000083897

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

A stamp of the company's name is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H11000209101
Letter Number: 611A00019689

RECEIVED
11 AUG 23 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

**TO
ARTICLES OF ORGANIZATION
OF**

Vasha Management, 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 7/21/11 and assigned
Florida document number L11000083897.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
11 AUG 23 AM 8:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Siegelaub, Golding & Feller, P.A.

New Registered Office Address:

2801 N. University Drive, Suite 301

Enter Florida street address

Coral Springs

Florida

33065

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.

M Feller

If Changing Registered Agent, Signature of New Registered Agent

H110002091013

08-23-'11 11:28 TO- 18506176383

FROM- SIEGELAUB PA, INC

P0004/0004 T-446 F-567

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

Dated August 17, 2011



Signature of a member or authorized representative of a member

Joseph Domovsky

Typed or printed name of signee

H110002091013