Division of Corporation

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694 Phone Fax Number : (305)633-9696

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VITH, LLC

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	COVER LETTER HITCOUR	V 70 2
) _{TO:}	Registration Section Division of Corporations	
SUBJE		
	Name of Limited Liability Company	
The eas	aclosed Articles of Amendment and fee(s) are submitted for filing.	
Pic ase r	return all correspondence concerning this matter to the following:	
	Guy D Sperduto	
	Name of Person	
	Guy D Sperduto CPA	
	Firm/Company	
	8963 Stirling Road Ste 101	
	Address	
	Cooper City FI 33328	
	City/Sinte and Zip Code	
	E-mail address: (to be used for fature annual report notification)	
or furt	ther information concerning this matter, please call:	
·	Guy D Sperduto at (954) 432-0272	
	Name of Person Area Code & Daytime Telephone Number	
inclosed	ed is a check for the following amount:	
S25.0	.00 Filing Fee &\$55.00 Filing Fee &\$60.00 Filing Fee &	ng Fee, e of Status &

MAILING ADDRESS: Registration Section
Division of Corporations P.O. Box 6327 Tallahasses, FL 32314

STREET/COURTER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

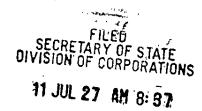
(additional copy is enclosed)

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(additional copy is enclosed)

Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	VITH, LLC		
(Name of the Lingited Liability (A Florida	v Company as it now appe Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	July 19, 2011	and assigned
Florida document numberL11000084648	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company b		
The new name must be distinguishable and end with the wor"L.L.C."	rds "Limited Liability Com	pany," the designation "Li	C' or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
	Walk to the second seco		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis- registered agent and/or the new registered office add Name of New Registered Agent		our records, <u>enter th</u>	e pane of the new
New Registered Office Address:	E	nter Florida street addr	322
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:		
I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper an accept the obligations of my position as registered up being filed to merely reflect a change in the registere company has been notified in writing of this change.	nd complete performance gent as provided for in (ed office address, I herel	e of my duties, and I an Thapter 608, F.S. Or, ij by confirm that the limi	n familiar with and This document is ited liability
	If Changing Registered Ag	ent, Signature of New Regi	stered Agent

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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

Title.	Name	Address	Type of Action
MGRM	Nouhad Abou Ataliah	100 S Birch Road 2701A Ft Lauderdale El 33316	Add Remove
· ————————————————————————————————————			Add
			Add Remove
			Add Remove
D. If amend	ling any other information, ente	r change(s) here: (Assach additional sheets, if nec	essary.)
			SECR OIVISION
Dated	July 27,	<u>2011</u> .	FILEU FILEU OF STORY OF STORY OF CORPO
	Signature of a	member or sufficienced representative of a member Guy D Sperduto Typed or printed name of signoe	STATE ORATIONS 8: 37
		Warra 3 a43	0190982

Filing Fee: \$25.00

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