## 111000092029

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EXAMINER

## **COVER LETTER**

	ration Section on of Corporations		
SUBJECT:	VINCHECO, LLC		
	Name of Limited Liability Company		
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.		
Please return all	correspondence concerning this matter to the following:		
	ALVARO CASTILLO		
	Name of Person		
	ALVARO CASTILLO B. P.A.		
	Firm/Company		
	1390 BRICKELL AVENUE SUITE 200		
	Address	FACE 20	
	MIAMI FLORIDA 33131	ZÜLI NOV - I SECRETARY C	**·@
	City/State and Zip Code	TAR	**************************************
	ALCAPA@AOL.COM  E-mail address: (to be used for future annual report notification)	E C	i graph
For further info	rmation concerning this matter, please call:	RY II: IN DE STATE DE CORIDA	A Compa
	ALVARO CASTILLO at ( 305 ) 371-5540	DE 60	
	Name of Person Area Code & Daytime Telephone Number	<del></del>	
Enclosed is a ch	neck for the following amount:		
<b>√</b> \$25.00 Filin	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	ite of Status &	:d)
	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

	VINCHECO, LLC		
$(\underline{\mathbf{N}}_{\mathbf{i}})$	me of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	<del></del>
The Articles of Organization Florida document number	for this Limited Liability Company were filed o L11000092029	n <u>08/10/2011</u>	and assigned
This amendment is submitted	to amend the following:		
A. If amending name, enter	the new name of the limited liability compar	<u>1y here</u> :	
The new name must be distingu "L.L.C."	ishable and end with the words "Limited Liability	Company," the designation "LL	C" or the abbreviation
Enter new principal offices	address, if applicable:		Ēs ≥
(Principal office address MU	ST BE A STREET ADDRESS)		
Enter new mailing address, (Mailing address MAY BE A		C C C	OV-I DILLI
registered agent and/or the	ered agent and/or registered office address new registered office address here:	on our records, enter the	e name of the new
Name of New Regis	tered Agent:	<u> </u>	
New Registered Offi	ce Address:	Enter Florida street addre	ss
		. Florida	
	City	, , 2.0.10#	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, 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			
MGR	Ezequiel Aguirre	1390 Brickell Avenue Suite 200 Miami, Florida 33131	Add Remove			
MGR	Carlos Ezequiel Aguirre	1390 Brickell Avenue Suite 200 Miami, Florida 33131				
	<del></del>	**************************************	Add Remove			
			Add Remove			
			2011 BOV - 1 SEARCH TARY TALEDATIASSE			
D. If amendi	ng any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	Remade			
		-				
		·				
Dated	October 31 , 201	1 /				
	Signature of a member o	rauthorized representative of a member				
	Carlos Ezequiel Agu	uirre, authorized representative				
Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00